FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

0 8	REGISTRAR			CERTIF	ICATE OF DEATH	8	/ REG. N	0.	9 3	3
	CEASED NAME FIRST CHARCE		Joseph	ë	BERIST	20 DATE	OF DEATH	MONTH 7	16 87	1:20 as
3. SE	MALE	1. RACE CAUC	ATION	5. DATE C		6. AGE	1 93	YRS	MONTHS DAY	
	IRTHPLACE (STATE OR FOREIGN COUNTRY) MALYLAND	4.5	WHAT COUNTRY?	WIDOWE		9 BALTIN	MORE CITY O	RECOUN	CITY) MD
	BALTIMORE CIT	GOOD S	HEACILITY, GIVE STREET		PITAL	TYPE OF V	AL OCCUPATION OF FORMOSTIC	OF WORKING	LIFE) INDUSTR	of Business or et-Weta
USU 13a	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUR		GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS?	13e STREE	ET ADDRESS	ZIP COI	DE	
	Toseph	WIDDLE	Everis	+	15. MOTHER'S MAIDEN N	,	WIDDLE		C	1 PC
		MED FORCES?	217 32°	9509	VivginiA 1	WAKer	ADDRI N AN	613	8 Punta	oming Rd c. 2.1239
	PART I. DEATH IEnter or PART I. DEATH WAS CAUSE IMMEDIA. Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause last.	D BY: TE CAUSE (a) DUE TO, O	R AS A CONSEQUE R AS A CONSEQUE D M BE	EPS ENCE OF ENCE OF	TRACT IN MELLIT	PECT.	20AU			ON ONSET AND DEATH
TION		UGESTI	JE HI	CART	FAILUR	39				
CERTIFICATION	190 DATE OF OPERATION			OPERATIO	N WAS PERFORMED	YES [UTOPSY?	IN CERT	YES 🗌	NO [
MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DE. (IF EITHER NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE NOTIWHILE AT WORK AT WORK	P. 21e PLACE	M. MONTH DA	19	216. HOW INJURY OCCUI	RRED (ENTER	R NATURE OF INJU		COUNTY	STATE
	220.1 certify that (I) (this hosping sow the deceased alive on above, (I) (we) (did) (did not be seen above).		19	, an	d that in (my) (our) opinion	n deoth occu	rred on the d		our and Iram th	
	fbd	ia Du			ATTENDING PHYSICIAN	MEDICA DIRECTO	AL STAI		27c. DA	TIC/87
100	FADIA	DUW.	A		GOOD S	SAMA	RITA	U	HOSPIT.	AL
23a E	BURIAL, CREMATION, REMOVAL	236 DATE	23c. N	AME OF C	EMETERY OR CREMATORY	23d LC	CATION			

BP______ DHMH - 16 60M 7/84 (VRA 15, 4) ISPECIBULIAL Jule

23c. NAME OF CEMETERY OR CREMATOR

GAM LOCATION

CArvoll

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LIAME Selvad. Owings Mills, wd

250. DATE REC'D RY REGISTRAR 256 REGISTRAR'S SIGNATURE

FOR - STATE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	IKAK			44	TOTAL OF PERSON	REG. NO					
TYPE OR MINT			MIDDLE	l	AST	20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR			
	THOM	AS F	AYMOND	EWI	NG	JULY 9, 198		2:15A,			
3. SEX		4 RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS			
I I	lale	Wh	ite	Dec.	9, 1919 YEAR	67 YR		TOOKS MIN			
Je BIRTHPLA COUNTRY)	CE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRIED	9. BALTIMORE CITY OR COUN	NTY OF DEATH				
[S Mary]	and		S.A.	WIDOWE	DIVORCED	BALTIMORE CITY					
7	TIMORE	11. NAME OF	HOSPITAL, NURSIN CHEACILITY, GIVE STREET A JOHNS H	G HOME C ADDRESS) HOPKI	DROTHER INSTITUTION INS HOSPITAL	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN Restaurant 0					
130. STATE Mary	and O		GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Chester		13d. INSIDE CITY LIMITS? YES NO	13e.STREET ADDRESS / ZIP CO Rt. 1 Box 36	9				
10 1	NAME FIRST Lymond Leon	MIDDLE ard Ewin	LAST		IS MOTHER'S MAIDEN NAME (18 Katie C	ray	LAS	LAST			
	EASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRESS					
Yes		W.II	711-07-5	5011	Mary J. Ewin	g same as	above				
IS CA	JSE OF DEATH (Enter o	inly ane cause pe	line far (a), (b), and	d (c).1			APPROX	MATE INTERVAL ONSET AND DEATH			
PAI	JSE OF DEATH (Enter of I. DEATH WAS CAUS		Cardial	rulna	Arres	_	_	inutes			
	IMMEDIA	ATE CAUSE (a)	Coaro	2	7019			171410			
		DUE TO, O	R AS A CONSEQUE	NCE OF	Pancreatic C		111 4	andles			
	rise to immediate	(b)_	METASTA	TIC	ranceatic Co	inco	7 1	OFTAS			
cause	(a), stating the	DUE TO, O	R AS A CONSEQUE	NCE OF							
Onder	ying coose lost	((c)_									
	OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	NAL DISEASE OR CONDITION	GIVEN IN PART 1	0,			
THE TOTAL PART OF THE TOTAL PA	E OF OPERATION	19b. COND	ITION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY? 20b IF	YES, WERE FINDING CAUSES	NGS USED OF DEATH?			
210. AC	DENT WAS UNDERLYING	110110	FINJURY M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2)				
7 S OR CON	TRIBUTING CAUSE OF DI	MIN	M.	19							
WHILE AT WORLD	OURY OCCURRED NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, FA	ARM ETC)	21f. LOCATION STREET	CITY OR TOWN	COUNTY	STATE			
		attended th	ne deceased from	July	2 19 87	10 July 9	10 87	that I (we bast			
sa	the deceased alive a	July	9 19	87 ,		leath accurred on the date and	_, .,,				
ab	aver (I swe) (did n	at) view the bady	after death.								
22b. S10	w the decease office a ave (II) we) (II) (did n GNATURE	at) view the bady	after death.			MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE	SIGNED 87			
22b. S10	ave (II we) (did n	frag &	ofter death.		ATTENDING PHYSICIAN 220 ADDRESS 600	N. WOLFE St.	122. DATE 7/9	SIGNED 87			
22d PH	OVE (I) WE) (D) (did n	ORPHILL 23b DATE	Prebin 123C.N	- /	ATTENDING PHYSICIAN 220 ADDRESS 600	N. WOLFE St.	1 7/9	/87			
22b. SK	OVER (1) WE) (did no sharture YSICIAN SHAME (1) YE TEHTE	orphonia &	Prebin 123C.N	NAME OF C	ATTENDING PHYSICIAN PHYSIC	DIRECTOR PHYSICIAN P N. WOLFE St. OC, MD 212 123d. LOCATION CITY OR TOWN	17/9 205	/87			

Tom Helfenbein Funeral Home, Chester, MD 21619

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate him TO HOSPITAL OF ATTENDING PHYSICIAN: The retained by the hospital or ottending physician

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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9 8	REGISTRAR		CERTIFICATE OF D	EAIR	REG. NO		2	0 0
	CEASED NAME FIRST	WIDDLE	LAST	20	DATE OF DEATH	AONTH DAY	YEAR 2	No HOUR
	VIRGI	NIA	EXTON		JULY 3	1, 1987		2:47 R
3. SE	x	4 RACE	5. DATE OF BIRTH		AGE (IN YEARS LAST BIRTI	HDAY) IF UND	-	IF UNDER 24 HRS
F	emple	Col	9-19-1	984	82	YRS.	DAYS	HOURS MIN.
7a 81	RIHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN		9 8	ALTIMORE CITY OF		EATH	
11	COUNTRY)	U.S.A.		ORCED	BAltin	2000	Cil	A MD.
10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N		ITUTION 12a	USUAL OCCUPATION		KINDO	BUSINESS OR
E	3All more	(FROTE SUPPLICATE ONE	Home H	050	PE OF WORK FOR MOST OF	ACON	DUSTRY	
USU	AL RESIDENCE (IF NURSING HOME OF		HIFOR STANISSION)	1			121	1229
1	STATE 136. COUR	150	134 INSIDE CI	NO T	STREET ADDRESS	1 From	levir	Ir Rd
14. F.A	THER'S NAME	, ,	11.4	MAIDEN NAME	.0,50	wirec		76 76
	FIRST PIACACTO	MIDDLE ASSIST	me!	ennie	MIDDLE	Non	LAST	.01
160 V	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL	SECURITY NO. W INFORMAL		ADDRES	S	11	220 6
(YES, NO OR UNKNOWN) (IF YES, GIV	VE WAR OR DATES)	16.0771 mx 0	chounn	Neur	15/21	WE	alan L
	18 CAUSE OF DEATH (Enter or	DIO -	6 01 11 1111310	20200AB	MUSDITIE	773730	APPROXIM	ATE INTERVAL
	PART I. DEATH WAS CAUSE	D BY	RDIOPULMONAR	V ADDEC	·m		BETWEEN ON	ISET AND DEATH
	IMMEDIA			I ARRES				
	Condition of the second	DUE TO, OR AS A CONS		C CADDI	OTTA COLLE A	D DICE	a C E	
	Conditions, if any, which gove rise to immediate	(b) AB	TEIOSCLEROTI	C CARDI	OVASCULA	K DISE	ASE_	
	couse (o), stating the underlying couse lost.	DUE TO, OR AS A CONS	SEQUENCE OF					
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	TO DEATH BUT NOT RELATED	TO THE TERMINA	I DISEASE OR COND	ITIONI CIVENI INI	DARI I	
N				TO THE TERMINA	L DISEASE OR COINE	ITION GIVEN IN	PART ITO	
CERTIFICATION	ANEMIA 2		TEINEMIA THICH OPERATION WAS PERFOR	RMED	70a AUTOPSY?	205. IF YES, WER	E FINDING	SS USED
FIC						IN CERTIFYING	CAUSES	F DEATH?
ERT	71a ACCIDENT WAS UNDERLYING	7 216. TIME OF INJURY	In HOW IN		YES NOLX	YES T	0.0401.71	NO []
	OR CONTRIBUTING CAUSE OF DE	LUGUE AM MONTH		JOK! OCCORRED	(ENIER NATURE OF INJUR	THE HEM TO PART TO	K P MKI 2)	
WEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE		19	N.				
MEC	714 INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, O	FFICE, FARM ETC.) 211 LOCATIO STREET)N	CITY OR TOW	/N CC	YTMUC	STATE
	AT WORK AT WORK		TUNE 20	07		1	0.7	
	220.1 certify that (I) (this hasp		0.00	19 87	, JULY 3			ot (I) (we) lost
		ot) view the body ofter death.		(our) opinion deor	th occurred on the do			
	226 SIGNATURE	00	DE GREE	TIENDING . A	AEDICAL STAF	1	2c. DATE SI	IGNED
	pur a	V-7-0			RECTOR PHYSICI		1/31	101
1	22d. PHYSICIAN'S NAME (TYPE C	OR PRINT)	27e ADDRES	CHORCH	HOSPITA			
			100 N		WAY BALI	IMORE,	MD.	21231
73a E	BURIAL, CREMATION, REMOVAL	23b. DATE	23C NAME OF CEMETERY OR C	REMATORY	23d LOCATION	/ 5901	NTV (A STATE!
1	Sun: al	18-4-X1	7n1 7-100 1	Pm.	139/1	11 /11		nn

DHMH - 16 60M 7/84

retoined by the TO HOSPITAL

BP.

(VRA 15, 4)

74 FUNERAL DIRECTOR NAME

FOR

- STATE

WNorth Ave.

AUG 5

1987

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE... **CERTIFICATE OF DEATH**

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REG. NO.		

3 / REG	NO.	9	2	5 4	
DATE OF DEATH	MONTH	DAY	YE AR	26 HOUR	
	7	26	87		
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	CEASED NAME	FIRST	A	NDDLE	(.	AST .	20 DATE OF DEATH	MONTH	DAY	YE AR	26 HOUR
(14)	E OK PRINT)	ELLA			FAL	LIN		7	26	87	
3. SE	X	4 F	RACE		5. DATE C		BIRTHDAY}	MONTHS	RIYEAR	IF UNDER 24 HRS	
	FEMALE		BLACK	(9	30 38	48		MUNITIS	DATS	NOURS MIN.
	IRTHPLACE (STATE OR FI	OREIGN 76	CITIZEN OF V	WHAT COUNTRY?	8 MARRIEI WIDOWE	NEVER MARRIED	BALTIMORE CITY	OR COUNT		ATH	M
В	ITY OR TOWN OF DEA		2529 EI	MERSON ST	REET	DR OTHER INSTITUTION	120 USUAL OCCUPA (TYPE OF WORK FOR MOS DISABL	TOF WORKING LI		KIND O DUSTRY N/	f business or
130.	MD	136 COUNTY		GIVE RESIDENCE BEFORE 13c. CITY OR TOW Baltimor	N	13d INSIDE CITY LIMITS? YES NO	13e STREET ADDRES 2529 EMER			1223	
14. F.	JAMES	MIDE	DIE	LUCAS		VOILA	WIDDLE			DUP	REE
	WAS DECEASED EVER	IN U.S. ARMEI		217-38-2		VIOLA KESLE		FAYETT	E S	T. 2	1223
	PART I. DEATH W Conditions, if ony, gove rise to imm couse to l, statin underlying couse	AS CAUSED B IMMEDIATE C which nediate g the	DUE TO, OI		PUL.	2011824	gnaus	5		APPROXI	MATE INTERVAL DINSET AND DEATH
NOL	PART 2 OTHER SIGN	NFICANT COM	NDITIONS CO	ONTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TERA	TOWN.			-27	43
CERTIFICATION	19a DATE OF OPERAT	ION	19b CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	IN CERTI			OF DEATH?
-	21a. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC	AUSE OF DEATH	21b. TIME O HOUR A.	M. MONTH DA	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF IT	ST METI MI YRULI	PART I OR	PART 2}	
MEDICAL	21d. INJURY OCCURE	ne 🗍	21e PLACE (DE INJURY BET, FACTORY, OFFICE F	ARM, ETC)	211 LOCATION STREET	CITY OF	NWOT	co	YINU	STATE

220.1 certify that (1) (this hospital) attended the deceased from body ofter death

8/1/87

22c DATE SIGNED

ATTENDING PHYSICIAN MEDICAL STAFF 22e ADDRESS

SHAMM 23a BURIAL, CREMATION, REMOVAL 23b. DATE

2000 23(NAME OF CEMETERY OR CREMATORY

DEGREE

RANDALLSTOWN

STATE MD

24 FUNERAL DIRECTOR DHMH - 16 60M 7/84

(VRA 15, 4)

(SPECIFY)

AUG -41 87 TATE

WM. °℃. MARCH F/H

BURIAL

1101 E. NORTH AVE.

KING MEMORIAL PK. 250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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CHARLE FINUE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH

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-	REG. NO		2

06	1 1 8 4 JUL	29	FOR TATE REGISTRAR			DEPART	MENT OF H	EALTH AND MENTA		NE 8 / REG. NO	D.	9	3	5
	m.c		CEASED NAME	FIRST		AIDDLE		LAST		20 DATE OF DEATH	MONTH	DAY YEA	20 1101	UR
	oy be		N I See Test		John	K.		er, Sr.		July :		1987	11	A.M
311	ge 4 mo ector, p	3. SE	Male		White		5. DATE (5-1917 YE	AR 6	AGE (IN YEARS LAST BIRT	YRS	MONTHS D	YEAR IF UNDER	MIN.
	nerol dir n 72 hou		IRTHPLACE (STATE OR F	OREIGN	76 CITIZEN OF	WHAT COUNTRY	MARRIE WIDOW	D NEVER MARRIE	D '	Baltimore City o		Y OF DEAT	Н	MD
01	by the furthilled within	1	ITY OR TOWN OF DEA		(IF NOT IN SUC	HOSPITAL, NURSI HEACHITY, GIVE STREE LION Memo	NG HOME (OR OTHER INSTITUTIO		2a USUAL OCCUPATION OF WORK FOR MOST OF Ret. Super	F WORKING L	IFE) INDUS	nd of Busin TRY ntenan	
ND 212	24 hour filled in to ould be f	USU 130	AL RESIDENCE (IF NURS STATE Md.	NG HOME COU		GIVE RESIDENCE BEFORM BALLO	NN	13d INSIDE CITY LIM		3e STREET ADDRESS / 2802 Rosa	ZIP COD	Ave. 2	21234	
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TO NOT		-	Condition		DUE TO, O	R AS A CONSEQU				c Canc	0	13		
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RECOR	on bear	7 8	190. DATE OF OPERAT				Λ .	DN WAS PERFORMED		20a AUTOPSY?	IN CERT	IFYING CAL	NDINGS USE USES OF DE A	ATH?
FVITAL	DAN, The physicis of the party	AL CERTIFI	21g. ACCIDENT WAS UND	AUSE OF DE	216. TIME O HOUR A.	FINJURY M. MONTH [OCCURRE	YES NO NO DE LE		PART OR PAR	NO [
NOISIA	TherSE mending or this cer the burid and Area	MEDICA	21d. INJURY OCCURE WHILE NOT WHE AT WORK AT WOR	ED	21e. PLACE		FARM, ETC)	21f LOCATION STREET		CITY OR TO	WN	COUNT	Y	STATE
via .	HINDRAG del de o or use ou or use ou or use ou or use ou or use ou or use ou		22a. E certify that (1)	(this hasp	oitol) attended the	e deceased fram	5-le	23 , 19 , 19 , nd that in (my) (our) o		. to July		. 19	Z, that (I) {	(we) last
	the host DIREC tracked e Dept.		22b. SIGNATURE	lidD(did n	24 o	biter death		DEGREE	DING _	MEDICAL STAF		22c. D	ATE SIGNED	,
	TO HOSPITA retained by TO FUNERA should be de		22d. PHYSICIAN'S NA	,	OR PRINT) M. D			77e ADDRESS		DIRECTOR PHYSIC		: += 3	27/8/	
	The short	23a	BURIAL CREMATION	REMOVA			NAME OF C	EMETERY OR CREMA		Memorial 123d LOCATION	HOSP:	rtal		
	BP		Burial		7-27-	0-	akevi	ew		Carrol]		COUNTY	Md.	STATE
	DHMH - 16 60M 7/B4 (VRA 15, 4)	24 F	Leonard J.	Ruc	k, Inc.,	5305 Har	ford		JUL.	REC'D. BY REGISTRAR 28 1987	Julia	Jander S. S. G.	Pada	T.

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	s ofter	3 35%	MALE		WHITE					49	YRS	MONTHS DAYS	HOURS MIN.	
-	حرب الأله		RTHPLACE (STATE	OR FOREIGN	76 CITIZEN OF	WHAT COUN		NEVER MAR		BALTIMORE CIT		Y OF DEATH		
	funeral offine 72		OUNTRY) VA.		U.S.A.		WIDOWE	D DIVOR	RCED 🗌	BALTIMO			MD	
10	63 2	10 C1	CITY OR TOWN OF DEATH BALTTMORE		(IF NOT IN SUC	H FACILITY, GIVE	URSING HOME O STREET ADDRESS) WOOD AVE	NG HOME OR OTHER INSTITUTION T ADDRESS) DD AVE. 21205		USUAL OCCU			NE KIND OF BUSINESS OR	
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MARYLAND 2120	mpletely fond 2 sh	14. FA	THER'S NAME FIRSTO	N	WIDDIE	FARRAÑ	Ť	15 MOTHER'S M.	AIDEN NAME LEN	MIDO	DLE	BANW	ÔRTH	
ui i			AS DECEASED E	VER IN U.S. A	RMED FORCES?	166 SOCIAL	SECURITY NO.	17 INFORMANT	100		DDRESS			
LTIMOR	n ond co	()	ES, NO OR UNKNOWN	(IF YES G	1958	230-4	6-3311	DOROT	HY FARI	RAN (WIF	E) SAME			
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PRESTON	the uttend		Conditions, if gove rise to couse (a), s underlying co	immediate	(6)			TASTASE	-	uAs CI	274)	10	WKS	
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NE RECORI	hos been	CERTIFICATION	190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF Y								ES, WERE FIND	DINGS USED ES OF DEATH?		
VII	Hyper	1	21a. ACCIDENT WAS	,	410410 4		H DAY YEAR	21c HOW INJUR	RY OCCURRED	ENTER NATURE OF	INJURY IN ITEM 18	PART I OR PART 7		
0	ending phi this certification to buriolitro ad Mentol Hi d or Item 18	Z V	(IF EITHER NOTIFY	MEDICAL EXAMIN	ER) P.		19							
DIVISION OF	ottendin ottendin s the bu	MEDICAL	21d INJURY OCC	OT WHILE	(AT HOME, STE		FFICE FARM, ETC.)	211 LOCATION STREET		CITY	ORTOWN	COUNTY	STATE	
6	or o or				pital) attended th	e deceosed f	rom 5 6		1987	, to	+122	19 87	, that (1) (we) lost	
	TOR for up of He		saw the dec	ceosed olive o	in G 2	T-	19 17 0	nd that in (my) (au	or) apinion dec	oth occurred on t	he date and ha	our and from th	ne causes stated	
	hosp hed hed ept.		226. SIGNATURE		O HEW HIS ODDY	A.		DEGREE		1		22c DA	TESIGNED	
	0 0 0 0 0		-	111/1	encon.	dem		UD ATTE	ENDING L	MEDICAL DIRECTOR PH	STAFF	17/	23/87	
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DHMH - 16 60M 7/B4

FUSCHIMONEK FUNERAL HOME, INC. 3331 Brehms Lane, Balto. Md. 21213 (VRA 15, 4)

Julia Dender Radace JUL 24

Completely filled in by the funeral director page 3 FO

	FOR
-	STATE
	REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

9	REG. N	10	9	5	3		1
VE.	DEATH	MONTH	DAY	VE /	.0	24	40

M	-	REGISTRAR		CEKTIFI	CATE OF DEATH	REG. NO	0	~ ~	
87		CEASED NAME FIRST	MIDDLE	IA.	ST	20 DATE OF DEATH	MONTH D	AY YEAR	26 HOUR
7-1	() TPE	JAMES	M.	FAUL	LKNER, SK		7-16	-87	12"
	3. SEX	B	4. RACE	5. DATE OF	FBIRTH OAY FAR YEAR	6. AGE TIN YEARS LAST BIRT	THOAY)	IF UNDER 1 YEAR	HOURS N
2 >		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	TRY? 8	OK NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY	OF DEATH	
4	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	WIDOWED	The state of the s	Dalfmure	C17	TIN KIND O	F BUSINESS
16		BALTIMORE	(IF NOT IN SUCH FACILITY, GIVE S	STREET ADDRESS)	FOICH Corra	TYPE OF WORK FOR MOST OF		INDUSTRY	
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		1MMED IA	TE CAUSE (0)	- Gooden	SPIRATORY	Bares		+	
ony report, or other recomplices	CATION	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT (DUE TO, OR AS A CONSI	MIOCA	NOT RELATED TO THE TERM	VERRETT ON	20h 4F YES,	WERE FINDIN	IGS USED
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DHMH - 16 60M 7/B4

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(VRA 15, 4)

Wm. C. March F/H West 4300 Wabash Avenue

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18. FATHER'S NAME JOHN FEEHLEY Catherine Tuchy 18. MODIE FEEHLEY Catherine Tuchy 18. WAS DECEASED EVER IN U.S. ARMED FORCES? (16. WAS DECEASED EVER IN U.S. ARMED FORCES. (16. WAS DECEASED EVER IN U.S	1224
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AT WORK AT WORK	SIATE
	3.7.10
22a. certify that (I) (this hospital) attended the deceased from	(l) (we) lo
sow the deceased alive on	suses stated
226. SIGNATURE ACTION DEGREE ATTENDING MEDICAL STAFF	IGNIPO
22d PHYSICIAN'S NAME (Cold Remark AVOITUS) 22e ADDRESS	707
Baltimore, MD 21201	
230 BURIAL, CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION	
Burial 7-18-87 Oak Lawn Baltimore Co. Ma	rylan
24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATU NAME ADDRESS	RE
Lilly & Zeiler, Inc. /700 S. Conkline StJUL 16 1987 Julia Jandon	

DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL O

BP.

(VR A15 ME (5))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 20 DATE OF DEATH MONTH & AGE (IN YEARS LAST BIRTHDAY) MONTH 10 10 76 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. Baltimore City WIDOWED DIVORCED | 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) Liberty Medical Center < Retired WSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 21113 581 Rita Drive Odenton NO K 15 MOTHER'S MAIDEN NAME Segundo Fesse Sr. Carrie ADDRESS 16b SOCIAL SECURITY NO. 17 INFORMANT 300-05-7004 Edna Collins 581 Rita Dr. 21113 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and you 10 PULMONANY ARREST DUE TO, OR AS A CONSEQUENCE OF VENTRICULAR ARRHYTHMA DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED

196 CONDITION FOR WHICH OPERATION WAS PERFORMED 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER) 214 INJURY OCCURRED 21¢ PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE

21f LOCATION CITY OR TOWN COUNTY

220.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive an. abave, (I) wertdid) (did not) view the body after death

and that in (my) (our) apinion death accurred anothe date and have and from the causes stated

ATTENDING MEDICAL STAFF PHYSICIAN |

22c DATE SIGNED

WORETH

DIRECTOR PHYSICIAL

23a. BURIAL, CREMATION, REMOVAL 7/25/87 Burial

23c NAME OF CEMETERY OR CREMATORY Shady Grove Cementary

Tampa

FTATE

24 FUNERAL DIRECTOR

- STATE

TYPE OR PRINTI

COUNTRY)

Odenton

FATHER'S NAME

Joseph

(YES, NO OR UNKNOWN)

3. SEX

REGISTRAR

To. BIRTHPLACE (STATE OR FOREIGN

CITY OR TOWN OF DEATH

JOSEPH 4. RACE

1136 COUNTY

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY.

Canditions, if any, which gave rise to immediate couse (a), stating the

underlying cause

CERTIFICATION

Anne Arundel

(IF YES, GIVE WAR OR DATES)

IMMEDIATE CAUSE 10

DECEASED NAME

25a DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

March Funeral Homes, Inc. 1101 E. North Ave.

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	9 3 4 1
Š	N.	EASED NAME FIRST	MIDDLE	L.	AST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
ı		OR PRINT)			~ 50	0.00	in an
ŀ			ENRIETTA	1-11	30E3	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
١	3. SEX	,	RACE	5 DATE C		B. AGE (INTERNSTAS) BIRTOURY)	MONTHS DAYS HOURS MIN.
1		Female.	White	100	15 04	8.3 YRS.	
7		RTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT CO	UNTRY? 8	NEVER MARRIED	9 BALTIMORE CITY OR COUNT	TY OF DEATH
		Md	TT S A	WIDOWE		BALTIMORY	e City MD.
1	10 CI		I. NAME OF HOSPITAL	, NURSING HOME C		120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
Н	5	BALTIMORE.	(IF NOT IN SUCH FACILITY, O		DSDITAL	TT FOR MOST OF WORKING	(IFE) INDUSTRY
d	USUA	L RESIDENCE (IF NURSING HOME OR OT			ONDITIAC	Housewife	73 7 4 367
3	13a S			ORTOWN	134 INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP COL	
4		Md. Bal	to.		YES NO WY	15945 Balto.S	st. #21207
	14 FA	THER'S NAME FIRST MI	DDLE	LAST	15. MOTHER'S MAIDEN NA	WE	LAST
		William	² Pi	lert	Catheri	ne	Wheeler_
4		AS DECEASED EVER IN U.S. ARMI	ED FORCES? 166 SOC	IAL SECURITY NO.		5 Balto St.	- Balto.,Md.
d	(Y	ES, NO OR UNKNOWN) (IF YES GIVE V		-05-5753	D Donald R		#21207
1		IN CALLES OF DEATH 5			III VOILATU II	Fludes	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	BY	11/	2		BETWEEN ONSET AND DEATH
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1			DUE TO, OR AS A CO		,		13-1
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		cause (a), stating the	DUE TO, OR AS A CO	NSEQUENCE OF	,,		
1		underlying couse last	(10)				
			147				
d		PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUT	ING TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION G	IVEN IN PART 110
	NO	PART 2 OTHER SIGNIFICANT CO	INDITIONS CONTRIBUT	ING TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION G	IVEN IN PART 110
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	IFICATION	ASCUB	, anhust	lina frea	at = pan,	20a AUTOPSY? 20b. 4F Y	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH?
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200		ASCUD 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING (IF EITHER NOTIFY MEDICAL EXAMINER)	196 CONDIMON FOR 216 TIME OF INJURY HOUR A.M. MOR	NTH DAY YEAR	N WAS PERFORMED 21c. HOW INJURY OCCUR	200 AUTOPSY? 200. IF Y	ES, WERE FINDINGS USED FIFYING CAUSES OF DEATH? YES NO
200		ASCUD 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (HE EITHER NOTHEY MEDICAL EXAMINER) 21d. INJURY OCCURRED	196 CONDINON FOR	NTH DAY YEAR	N WAS PERFORMED	200 AUTOPSY? 200. IF Y	ES, WERE FINDINGS USED FIFYING CAUSES OF DEATH? YES NO
29	MEDICAL CERTIFICATION	ASCUD 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING (IF EITHER NOTIFY MEDICAL EXAMINER)	196 CONDINON FOR 216 TIME OF INJURY HOUR A.M. MOP P.M. 216 PLACE OF INJUR	NTH DAY YEAR	216. HOW INJURY OCCUR	200 AUTOPSY? 200. 1F Y IN CERT YES NO NO RED (ENTER NATURE OF INJURY IN ITEM 18	ES, WERE FINDINGS USED (IFYING CAUSES OF DEATH? YES NO NO NO PART 2)
29		ASCUD 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING (IF EITHER NOTHY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE AT WORK 22a. I certify that (I) (Ithis hospita	216 TIME OF INJURY HOUR A.M. MON P.M. 21e PLACE OF INJURY (AT HOME, STREET FACTOR	NTH DAY YEAR 19 Y Y, OFFICE, FARM, ETC.)	216. HOW INJURY OCCUR	200 AUTOPSY? 200. 1F Y IN CERT YES NO NO RED (ENTER NATURE OF INJURY IN ITEM 18	ES, WERE FINDINGS USED (IFYING CAUSES OF DEATH? YES NO NO NO PART 2)
70		ASCUD 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING (IF EITHER NOTHY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE AT WORK 22a. I certify that (I) (Ithis hospita	216 TIME OF INJURY HOUR A.M. MON P.M. 21e PLACE OF INJURY (AT HOME, STREET FACTOR	NTH DAY YEAR 19 Y Y, OFFICE, FARM, ETC.)	21c. HOW INJURY OCCUR	200 AUTOPSY? 200. 1F Y IN CERT YES NO NO RED (ENTER NATURE OF INJURY IN ITEM 18	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? YES NO NO COUNTY COUNTY STATE
79		ASCUD 19g DATE OF OPERATION 21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTHEY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	216 TIME OF INJURY HOUR A.M. MON P.M. 21e PLACE OF INJURY (AT HOME, STREET FACTOR	NTH DAY YEAR 19 Y YOU OFFICE, FARM, ETC.) 19 19 19 19 19 19 19 19 19 19 19 19 19	21c. HOW INJURY OCCUR	200 AUTOPSY? 20b. 1F Y IN CERT YES NO NO NOTE: RED (ENTER NATURE OF INJURY IN ITEM 18	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? YES NO NO COUNTY COUNTY STATE
200		ASCUD 19g DATE OF OPERATION 21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTHEY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE AT WORK 22g. Certify that (I) (this hospito sow the decays secure on above, (I) well did (did not)	216 TIME OF INJURY HOUR A.M. MON P.M. 21e PLACE OF INJURY (AT HOME, STREET FACTOR	NTH DAY YEAR 19 Y Y, OFFICE, FARM, ETC.) od from 19 Th.	211 LOCATION STREET 21 d that in (my) our opinion DEGREE ATTENDING	200 AUTOPSY? 200. 1F Y IN CERT YES NO NO NOTION IN THEM 18 CITY OR TOWN deoth occurred on the date and ha	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? YES NO NO STATE COUNTY STATE 19 L, that (1) (C) lost our and from the couses stated
79		19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTHY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE AT WORK 22a.1 certify that (I) (Ithis hospito sow the decause where on obove, (I) (we) did (did not) 27b. SIGNATURE	196 CONDITION FOR 216 TIME OF INJURY HOUR A.M. MON P.M. 21e PLACE OF INJUR (AT HOME. STREET FACTOR 1) ottended the deceose view the body ofter deceose	NTH DAY YEAR 19 Y YOU OFFICE, FARM, ETC.) 19 19 19 19 19 19 19 19 19 19 19 19 19	211. LOCATION STREET 211 LOCATION STREET 211 LOCATION STREET 212 LOCATION STREET 213 LOCATION STREET 214 LOCATION STREET 215 LOCATION STREET 216 LOCATION STREET 217 LOCATION STREET 218 LOCATION STREET STREET 218 LOCATION STREET ST	200 AUTOPSY? 20b. 1F Y IN CERT YES NO	COUNTY STATE 19 Long that (I) (re) lost out ond from the couses stoted 22c. DAJE SIGNED
		19g DATE OF OPERATION 21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTHY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE AT WORK ALWORK 22g.1 certify that (I) (this hospito sow the decases where of obove, (I) (we) did) (did not) 22b. SIGNATURE 22d PHYSICIAN'S NAME (TYPE ORE)	216 TIME OF INJURY HOUR A.M. MON P.M. 21e PLACE OF INJUR (AT HOME, STREET FACTOR	NTH DAY YEAR 19 Y Y, OFFICE, FARM, ETC.) od from 19 Th.	211. LOCATION STREET 211 LOCATION STREET 211 LOCATION STREET 212 LOCATION STREET 213 LOCATION STREET 214 LOCATION STREET 215 LOCATION STREET 216 LOCATION STREET 217 LOCATION STREET 218 LOCATION STREET STREET 218 LOCATION STREET ST	200 AUTOPSY? 20b. 1F Y IN CERT YES NO	COUNTY STATE 19 Long that (I) (re) lost out ond from the couses stoted 22c. DAJE SIGNED
79	MEDICAL	ASCUP 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTHY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE AT WORK 22a. I certify that (I) (this hospito sow the decays with a company of the company	19b. CONDITION FOR 21b TIME OF INJURY HOUR A.M. MON P.M. 21e PLACE OF INJUR (AT HOME. STREET FACTOR VIEW the body ofter dec-	NTH DAY YEAR 19 Y IV. OFFICE, FARM, ETC) Ind. 19 Th. 19 Th. 19 ML	211. LOCATION STREET 211 LOCATION STREET 212 ATTENDING PHYSICIAN [222 ADDRESS St. Agus Ho	200 AUTOPSY? 200 AUTOPSY? YES NO	COUNTY STATE 19 Long that (I) (re) lost out ond from the couses stoted 22c. DAJE SIGNED
	MEDICAL MEDICAL	19g DATE OF OPERATION 21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTHY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE AT WORK ALWORK 22g.1 certify that (I) (this hospito sow the decases where of obove, (I) (we) did) (did not) 22b. SIGNATURE 22d PHYSICIAN'S NAME (TYPE ORE)	216 TIME OF INJURY HOUR A.M. MON P.M. 21e PLACE OF INJUR (AT HOME, STREET FACTOR	NTH DAY YEAR 19 Y IV. OFFICE, FARM, ETC) Ind. 19 Th. 19 Th. 19 ML	211. LOCATION STREET 211 LOCATION STREET 211 LOCATION STREET 212 LOCATION STREET 213 LOCATION STREET 214 LOCATION STREET 215 LOCATION STREET 216 LOCATION STREET 217 LOCATION STREET 218 LOCATION STREET STREET 218 LOCATION STREET ST	200 AUTOPSY? 20b. 1F Y IN CERT YES NO	COUNTY STATE 19 Long that (I) (re) lost out ond from the couses stoted 22c. DAJE SIGNED
	WEDICAL	ASCUP) 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTHY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE AT WORK 22a. I certify that (1) (this hospito sow the decays common obove, (1) two profile (did not) 22b. SIGNATURE 22d PHYSICIAN'S NAME (TYPE ORF 3PECIFY) BITTIAL	19b. CONDITION FOR 21b TIME OF INJURY HOUR A.M. MON P.M. 21e PLACE OF INJUR (AT HOME. STREET FACTOR VIEW the body ofter dec-	NTH DAY YEAR 19 Y IV. OFFICE, FARM, ETC) Ind. 19 Ind. 19 M. OFFICE M. OF	211. HOW INJURY OCCUR 211 LOCATION STREET 211 LOCATION STREET 212 LOCATION STREET 213 LOCATION STREET 214 LOCATION STREET 215 LOCATION STREET 216 LOCATION STREET 217 LOCATION STREET 218 LOCATION STREET STREET 218 LOCATION STREET S	200 AUTOPSY? 200 AUTOPSY? 10 CERT YES NO	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? YES NO
	WEDICAL	19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTHY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE AT WORK 22a.1 certify that (I) (Ithis hospito sow the decause when the obove, (I) (we) did) (did not) 22b. SIGNATURE 22d PHYSICIAN'S NAME (TYPE ORF 12d PHYSICIAN'S NAME (TYPE ORF)	196 CONDITION FOR 216 TIME OF INJURY HOUR A.M. MON P.M. 21e PLACE OF INJUR (AT HOME. STREET FACTOR 21) ottended the deceose view the body ofter deceose 7 23b. DATE 7 20 87	NTH DAY YEAR 19 Y, OFFICE, FARM, ETC) d from	211. LOCATION 211 LOCATION STREET 212 LOCATION STREET ATTENDING PHYSICIAN 222 ADDRESS SJ. Mynn Ho EMETERY OR CREMATORY Thedral Cem	200 AUTOPSY? 200 AUTOPSY? YES NO	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? YES NO

5151 Bal.to.Nat'l.Pike #21229

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been s should be detached for use as the burial-transit permit. This with the State Dept. of Health and Mental Hygiene prior te IMPORTANT: If Item 21 is morked or Item 18 shows any

ATTENDING PHYSICIAN: The Io

TO HOSPITAL

BP.

retained by the hospital or attending physician.

Ingest to Succession and a light to the such that a such that a

Addition of the control of the contr

REGISTRAR

DECEASED NAME (TYPE OR PRINT)

abod

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

5. DATE OF BIRTH MONTH

8 / REG. NO.	9	3	d	2
26. DATE OF DEATH MONTH	DAY	YEAR	2b HOL	JR
July 8,	198	37		\$
6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDE	RIYEAR	IF UNDER	24 HRS
76 yrs.	MONTHS	DAYS	HOURS	MIN.

male	Cauc.
BIRTHPLACE (STATE OF EOREIGN	76. CITIZEN OF WHAT COUNTRY? USA

13b. COUNTY

Carroll

4. RACE

News les

MARRIED NEVER MARRIED WIDOWEDK DIVORCED

1910

BALTIMORE CITY OR COUNTY OF DEATH Baltimore City 12a. USUAL OCCUPATION

MD. 12b. KIND OF BUSINESS OR Bakery

18 CITY OR TOWN OF DEATH Baltimore

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN estminster

(IE NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

Mercy Hospital

13d. INSIDE CITY LIMITS? NO [

15. MOTHER'S MAIDEN NAME

Anha

13e.STREET ADDRESS / ZIP CODE 94 Main

MIDDLE

Baker

(TYPE OF WORK FOR MOST OF WORKING LIFE)

21157

4. FATHER'S NAME Charles

130. STATE

MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES?

Fink 16b. SOCIAL SECURITY NO

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

17 INFORMANT

ADDRESS

Harding

(YES, NO OR UNKNOWN) no

(IE YES, GIVE WAR OR DATES)

18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), 1
PART I. DEATH WAS CAUSED BY.

IMMEDIATE CAUSE (o

189-07-1619

13e Claire Rosa Fink

> APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH min

Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost

90 DATE OF OPERATION

DUE TO, OR AS A CONSEQUENCE OF More

DUE TO, OR AS A CONSEQUENCE OF

AT WORK

226. SIGNATURE

PART 2. OTHER SIGNIFICAN LONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

force		
196 CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED
		IN CERTIFYING CAUSES OF DEATH?

210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

> NOT WHILE AT WORK

216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M.

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2

CITY OR TOWN

21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, EARM ETC)

211 LOCATION STREET

YES [

COUNTY STATE

220.1 certify that (1) (this hospital) attended the deceased from sow the deceosed alive on above, (I) (we) (did) (did not) view the body of er death.

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE

ATTENDING MEDICAL STAFF PHYSICIAN [DIRECTOR PHYSICIAN 22c. DATE SIGNED

22d. PHYSICIAN'S NAME CTYPE OR PRINT 22e ADDRESS

23a BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

23c. NAME OF CEMETERY OR CREMATORY John

neer

23d LOCATION CITY OR TOWN

Westminster Carroll

24 FUNERAL DIRECTOR DHMH - 16 60M 7/B4 (VRA 15, 4)

CERTIFICATION

MEDICAL

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ò

0

MPORTANT

FUNERAL

d b

Pritts. Sr.,

Marianital in the Trull

BP.

DHMH - 16 60M 7/84

(VRA 15, 4)

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3	1	REG. NO.	9	5	4	
			 		- m I .	

31	REGISTRAR						REG. 1	NO. 8		
	CEASED NAME	FIRST JO	HN ^	JOSE	EPH LA	FINO	20. DATE OF DEATH	MONTH 7	DAY 1 YEA87	26 HOUR
		Tohn	1	Josep	h	FINO		71	1/87	GOA
3. SEX	х	4.	RACE		5. DATE OF	8 DAY 26 YEAR 28	6. AGE (IN YEARS LAST B	RTHDAY)	MONIHS DAYS	HOURS ME
	MALE	_	WHIT	E	8	210 1928	3	58 YRS		
	RTHPLACE (STATE OR F	OREIGN 76	CITIZEN OF W	HAT COUNTRY?	B	NEVER MARRIED	9 BALTIMORE CITY	OR COUNT	Y OF DEATH	
	MARVLAN	10	45	Α.	WIDOWED		BAHI	more	City	
10 CI	ITY OR TOWN OF DEA			OSPITAL, NURSIN		ROTHER INSTITUTION	120 USUAL OCCUPA			F BUSINESS
1	BAltimon	E.	5 T. Ar	nes 410	DSDI+	to1-	ENGINE		West	INs how
	AL RESIDENCE (IF NURS	ING HOME OF OTH	HER INSTITUTION	IVE RESIDENCE BEFORE	ADMISSION)		1		25	
130 5	MOLA	BALTIN		CATONSV		13d. INSIDE CITY LIMITS?	130.STREET ADDRESS	1 4mm	. //	212
14 FA	ATHER'S NAME	/				15. MOTHER'S MAIDEN NA	AME	1 / / / / / /		
)	LOUIS	MID	DOLE	FINO		MARY	JOSEPH	ITNE	CAP	CELLO
16g V	VAS DECEASED EVER	IN U.S. ARME	D FORCES?	166 SOCIAL SECU		17. INFORMANT	ADD		Ont.	22200
	YES, NO OR UNKNOWN)	1016	-1948	215-22-	2250	MARIAM FINO	1207 KE			200
11	ES					PIARTAPI FINC	CATONSV	بالبالياني.		MATE INTERVAL
	18 CAUSE OF DEATH PART I, DEATH W	H Enter only	one couse per l	ine for (a), (b), an	id ic. ;		. 0		BETWEEN	INSET AND DEA
	Conditions, if any, gove rise to improve (a), station underlying cause	nediote g the last.	(b) DUE TO, OR	AS A CONSEQUE	ENCE OF	at: Ade	co. of	hi		
ATION	gove rise to imm couse (a), statin underlying couse	nediote g the lost.	DUE TO, OR	AS A CONSEQUE	ENCE OF	NOT RELATED TO THE TERM	MINAL DISEASE OR CO	20b 1F Y	ES, WERE FINDIN	IGS USED
TIFICATION	gove rise to imm couse (a), statin underlying couse PART 2 OTHER SIGN	nediote g the lost.	DUE TO, OR	AS A CONSEQUE	ENCE OF			206 IF Y		IGS USED
CERTIFI	gove rise to imin couse (01), stotin underlying couse PART 2 OTHER SIGN 19a DATE OF OPERA: 21a, ACCIDENT WAS UNE	nediote g the lost. NIFICANT COL	DUE TO, OR (c) NDITIONS CO	AS A CONSEQUE	DEATH BUT N		200 AUTOPSY?	20b IF Y	ES, WERE FINDIN FIFYING CAUSES YES [IGS USED OF DEATH?
CERTIFI	gove rise to imm couse (01, stotin underlying couse PART 2 OTHER SIGN 19a DATE OF OPERA	of the lost. WIFICANT COLORS OFFICING CAUSE OF DEATH	DUE TO, OR (c) NDITIONS CO	AS A CONSEQUE NTRIBUTING TO I ION FOR WHICH INJURY A. MONTH DA	DEATH BUT N	N WAS PERFORMED	200 AUTOPSY?	20b IF Y	ES, WERE FINDIN FIFYING CAUSES YES [IGS USED OF DEATH?
	gove rise to imm couse (3), statin underlying couse PART 2 OTHER SIGN 19a DATE OF OPERA 21a, ACCIDENT WAS UNIC OR CONTRIBUTING	ION DERLYING AUSE OF DEATH CALEXAMINER) RED	DUE TO, OR 101 NDITIONS CO 196 CONDIT 216 TIME OF HOUR A.A. 216 PLACE C	AS A CONSEQUE NTRIBUTING TO I ION FOR WHICH INJURY A. MONTH DA	DEATH BUT P OPERATION AY YEAR 19	N WAS PERFORMED	200 AUTOPSY?	206 IF Y IN CERT	ES, WERE FINDIN FIFYING CAUSES YES [IGS USED OF DEATH?
CERTIFI	gove rise to imm couse (01), stotin underlying couse PART 2 OTHER SIGN 19a DATE OF OPERA: 21a, ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER NOTEY MED) 21d INJURY OCCURE WHILE NOT WE	NIFICANT COL	DUE TO, OR 101 NDITIONS CO 19b CONDIT 21b TIME OF HOUR A.A. 21e PLACE C (AT HOME STRE	AS A CONSEQUE NTRIBUTING TO E ION FOR WHICH INJURY A. MONTH D. A. MONTH D. SF INJURY ET, FACTORY, OFFICE, F	DEATH BUT P OPERATION AY YEAR 19	N WAS PERFORMED 71c. HOW INJURY OCCUI	200 AUTOPSY? YES NOTER NATURE OF IN	206 IF Y IN CERT	ES, WERE FINDIN IFYING CAUSES YES B PART I ORPARI 2)	GS USED OF DEATH? NO
CERTIFI	gove rise to imm couse (01), stotin underlying couse PART 2 OTHER SIGN 19a DATE OF OPERA: 21a, ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER NOTIFY MEDI 21d INJURY OCCUME AT WORK NOT WAIL AT WORK	TION DERLYING CAUSE OF DEATH CALEXAMINER) RED (1 No. hespitoled drive on	DUE TO, OR ICI NOITIONS CO 196 CONDIT 216 TIME OF HOUR A.A P.A 216 PLACE C (AT HOME STRE	AS A CONSEQUE NTRIBUTING TO I INJURY A. MONTH DA OF INJURY deceased from 19	ENCE OF DEATH BUT IN OPERATION AY YEAR 19 FARM. ETC 1	N WAS PERFORMED 71c. HOW INJURY OCCUI	YES NOTER NATURE OF IN	206 IF Y IN CERT	ES, WERE FINDING INTERPRETATION OF THE PROPERTY OF THE PROPERT	IGS USED OF DEATH? NO STATE
CERTIFI	gove rise to imm couse (3), stotin underlying couse PART 2 OTHER SIGN 19a DATE OF OPERA 21a, ACCIDENT WAS UNK OR CONTRIBUTING (1) UP EITHER NOTHY MEDIX WHILE NOTHY AT WORE 22a.1 certify that (1) sow the decease	TION DERLYING CAUSE OF DEATH CALEXAMINER) RED (1 No. hespitoled drive on	DUE TO, OR ICI NOITIONS CO 196 CONDIT 216 TIME OF HOUR A.A P.A 216 PLACE C (AT HOME STRE	AS A CONSEQUE NTRIBUTING TO I INJURY A. MONTH DA OF INJURY deceased from 19	ENCE OF DEATH BUT P OPERATION AY YEAR 19 FARM, ETC 1	211. HOW INJURY OCCUI	YES NOTER NATURE OF IN CITY OR deoth occurred on the	206 IF Y IN CERT	ES, WERE FINDING INTERPRETATION OF THE PROPERTY OF THE PROPERT	STATE
CERTIFI	gove rise to imm couse (a), stotin underlying couse PART 2 OTHER SIGN 19a DATE OF OPERA 21a, ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER NOTHY MEDI 21d INJURY OCCURE WHILE NOT WHAT WORK NOT WHAT WORK A WO 22a. I certify that (1) saw the decess obove, (6) (we) (5)	TION DERLYING CAUSE OF DEATH CALEXAMINER) RED (INS. hospitol ed drive on did (did not) y	DUE TO, OR ICI NDITIONS CO 196 CONDIT 216 TIME OF HOUR A.A. P.A. 216 PLACE C (AT MOME STRE	AS A CONSEQUE NTRIBUTING TO I INJURY A. MONTH DA OF INJURY deceased from 19	ENCE OF DEATH BUT P OPERATION AY YEAR 19 FARM, ETC 1	211. HOW INJURY OCCUI 211 LOCATION STREET d that in our (our) opinion DEGREE ATTENDING	YES NOTER NATURE OF IN CITY OR deoth occurred on the	1206 IF Y IN CERT IN ITEM 18	COUNTY 19 226. DATE	STATE
CERTIFI	gove rise to imm couse (3), stotin underlying couse PART 2 OTHER SIGN 19e DATE OF OPERA! 21d, ACCIDENT WAS UNIC OR CONTRIBUTING (1) (IF EITHER NOTHY MEDIL 21d INJURY OCCURE WHILE NOT WHAT WORK ALWO 220.1 certify that (1) sow the decease obove. (1) (we) (6) 22b. SIGNATURE	TION DERLYING CAUSE OF DEATH CALEXAMINER) RED (INS. hospitol ed drive on did (did not) y	DUE TO, OR ICI NDITIONS CO 196 CONDIT 216 TIME OF HOUR A.A. P.A. 216 PLACE C (AT MOME STRE	AS A CONSEQUE NTRIBUTING TO I INJURY A. MONTH DA OF INJURY deceased from 19	ENCE OF DEATH BUT P TOPERATION AY YEAR 19 FARM. ETC]	21t. HOW INJURY OCCUI 21t LOCATION SIREET 2 1 (our) opinion DEGREE ATTENDING PHYSICIAN	YES NOTER NATURE OF IN CITY OR deoth occurred on the	1206 IF Y IN CERT IN ITEM 18	ES, WERE FINDING IFYING CAUSES YES COUNTY COUNTY 19	STATE
MEDICAL CERTIF	gove rise to imm couse (3), stotin underlying couse PART 2 OTHER SIGN 190 DATE OF OPERAT 210, ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER NOTIFY MEDI 21d INJURY OCCURR WHILE NOTIFY MEDI 220.1 certify that (1) sow the deceose obove, (1) (we) (6) 220.5 IGNATURE	AMB (TYPE OF PI	DUE TO, OR ICI NDITIONS CO 196 CONDIT 216 TIME OF HOUR A.A. P.A. 216 PLACE C (AT MOME STRE	AS A CONSEQUE NTRIBUTING TO I ION FOR WHICH INJURY A. MONTH D. A. MONTH D. SE INJURY GET, FACTORY, OFFICE, F deceosed from 19 19 114 115 116 117 117 118 119	ENCE OF DEATH BUT P I OPERATION AY YEAR 19 FARM, ETC 1	21t. HOW INJURY OCCUI 21t LOCATION SIREET 2 1 (our) opinion DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NOTE NOTE RRED (ENTER NATURE OF IN CITY OR deoth occurred on the MEDICAL ST DIRECTOR PHYS	1206 IF Y IN CERT IN ITEM 18	COUNTY 19 2	STATE that (D) (we) I couses stated SIGNED
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THE REST FAIR TRANSPORT

060620

STATE OF MARYLAND

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0	REG. NO.	- 1	4	-
-	REG. NO.		1	-

24	FOR SOTE RECISTRAR		DEPART	MENT OF H	OF MARYLAND EALTH AND MENTAL H ICATE OF DEATH	0 -	REG. NO.	9 1	5 4	Δ
	EASED NAME FIRST Edna		M.	Fi	nnegan	20. DATE OF D 7-22-	EATH MONTH	DAY YE	AR 26 HC	OUR
3 SEX		4. RACE		5. DATE O		6. AGE (IN YEAR	RS LAST BIRTHDAY)	IF UNDER T		ER 24 HRS
Fer	male	White		7-	23-1906 YEAR	80	YR		DATS HOURS	5 MIN.
CO	THPLACE (STATE OR FOREIGN DUNTRY) Itimore, MD	76. CITIZEN OF	WHAT COUNTRY	MARRIE	NEVER MARRIED		ore City		H	
10. CIT	YOR TOWN OF DEATH	11. NAME OF			DE DIVORCED [PROTHER INSTITUTION 21to. 21214		CUPATION OR MOST OF WORKIN		ND OF BUSI	NESS O
USUAL 13a. ST MD			Balto.	WN	13d INSIDE CITY LIMITS? YES [3] NO [13e STREET AD 4407 Wa	oress/zipcoalther A	ve., B	alto.	212
I4. FAT	HER'S NAME FIRST	MIDDLE	Bel:	1	IS MOTHER'S MAIDEN Cather		MIDDLE F.	Sch	auman	
No.	AS DECEASED EVER IN U.S. AR.	MED FORCES? E WAR OR DATES)	166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 219-10-6958 Betty A. Gardner, 8909 Talc Dr., Ba.				Balto PROXIMATE IN MEEN ONSET A			
NO NO	couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CO. 190 DATE OF OPERATION	(c)		D DEATH BUT	NOT RELATED TO THE TE	Z00 AUTOP	SY? 20b. 4F	YES, WERE F	INDINGS US	
RTIFIC	74-5A (F-1)			YES NO YES YES 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART TOR PAR				NO		
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA				ZIE HOW INJURY OCC	URRED (ENTER NATU	RE OF INJURY IN ITEM	TB PART TORPAI	RT 2)	
2	21d. INJURY OCCURRED WHILE NOT WHILE AL WORK	21e PLACE	OF INJURY REET FACTORY OFFICE	E, FARM ETC)	21f LOCATION STREET		CITY OR TOWN	COUN	ĬΥ	STATE
	22a. I certify that (I) (this hospi saw the deceased alive an above, (I) (we) (did) (did no 22b. SIGNATURE	6-1	6 19	\$2. or	nd that in (my) (our) opini	on death accurred	on the date and		n the causes	stoted
	Mu	ert &	14		ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	7	123/8	7
	22d PHYSICIAN'S NAME (TYPE OF ALBERTO J		_		7801 YORK	RI, Svite	100, TOW	ISUN, M	212	04
	URIAL, CREMATION, REMOVAL F1a1	7-25-8			emetery or cremator d Cemetery	Balto		Ball	to.,]	MD ^{ATE}
	herat director	Inc., 64	415 BêTa	ir Rd.	21206	UL 23 19		a Davida		all

DHMH - 16 60M 7/B4 (VRA 15, 4)

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DHMH - 16 60M 7/84 (VRA 15, 4)

Burial

24 FUNERAL DIRECTOR

1050 York Road Ruck Towson Funeral Home, Inc. Towson, Md. 21204

July 29,1987 New Cathedral Cemetery

Baltimore,

IF UNDER I YEAR

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IF UNDER 24 HRS

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

19	REGISTRAR				CERTIF	ICATE OF DEATH	8 peg.	NO.	0 .	4 7	
	CEASED NAME	FIRST		WIDDLE	ł	AST	20. DATE OF DEATH	HTMOM	DAY YEAR	26 HOUR	
(isre	ON PRINT!	Howard	a Pl	hillip	72	äsher	July	24,	1.987	为:是使读 W	
3 SE	X		I. RACE	13.53	5 DATE C		6 AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER I YEAR		
	Male	to the same	Caucas:	ian	Aug	29: 19)12	3,1,	YRS	MONTHS DAYS	HOURS MIN.	
	RTHPLACE (STATE C	OR FOREIGN	L CITIZEN OF	WHAT COUNTR	Y? 8		9. BALTIMORE CITY		TY OF DEATH		
M	aryland		U. S	. A.	WIDOWE	DEVER MARRIED DIVORCED	Baltimore	City		MD	
	ITY OR TOWN OF D	EATH			SING HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPA	TION	12b. KIND (OF BUSINESS OR	
	Baltimore	140.00	Francis	Scott	Key Me	dical Center	Longshor	eman	Ship	ping	
UsU.	AL RESIDENCE (IF NU	ISING HOME OF	OTHER INSTITUTION		ORE ADMISSION)	113d. INSIDE CITY LIMITS?	13e.STREET ADDRES	C / 710 CO	DE.		
	ryland	130 COOK		Baltimo		YES NO	11:08 Ang			1221	
	ATHER'S NAME					15. MOTHER'S MAIDEN NA	ME	20000			
1	Grover	٨	IDOLE	Fisher		Ethel	MIDDLE		Tra		
16a V	WAS DECEASED EVE			16b. SOCIAL SE		17. INFORMANT	ADD	RESS	11ac,y		
1	YES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	212-40-2923 Robert			sher- 1401	esea St.	#21224		
	18 CAUSE OF DEA	ATH (Enter onl	y one couse per	line for (a), (b),	and (cv.)	,			BETWEEN	CIMATE INTERVAL	
18	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac arrest Due to, or as a consequence of								ni-		
	Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF					+2 hours					
					1 1	1	1.0	1			
	underlying couse lost (c) Scharachavid Lemoragh						13 days				
z	PART 2 OTHER SIG	GNIFICANT C	ONDITIONS CO	ONTRIBUTING TO	O DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CO	INDITION G	IVEN IN PART 1	0	
CERTIFICATION	19a DATE OF OPER	ATION	Tim conto	TION FOR WILL	CII COFF ATIO	N WAS PERFORMED	20a AUTOPSY?	Tool IF V	ES, WERE FINDI	1002014	
5	- 1.	110	1			INC				S OF DEATH?	
Ē	21g. ACCIDENT WAS U	18+	21b. TIME C		eneury		YES NO	`	YES [NO 🗌	
	OR CONTRIBUTING	_	STOUD A		DAY YEAR	DAY YEAR					
MEDICAL	(IF EITHER NOTIFY ME			M	19	211 LOCATION					
AED	21d INJURY OCCU		21e. PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFIC	E, FARM, ETC)	CITY OR	TOWN	COUNTY	STATE		
	WHILE NOT WHILE AT WORK								20		
	220.1 certify that (1) (this hospital) attended the deceased from 7 19 5 to 19 4 19 5 and that in (my) (our) opinion death occurred on the date and hour one									that (I) (we) lost	
	obove, (I) (we)		view the body	ofter deoth	-	nd that in (my) (our) opinion i	deoth occurred on the	date and h			
	22b. SIGNATURE	11	- 10	losh	Ex)	DEGREE ATTENDING PHYSICIAN [AFF X	7 DATE	SIGNED 7	
1	22d. PHYSICIAN'S	NAME (TYPE OR	PRINT)		//	22e ADDRESS	J O MEC TON E THE	, comment		- 10 v	
	Net	mno	SKOLI	72		FSK					
23a E	BURIAL, CREMATION	N, REMOVAL	23b. DATE		NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		(O(A)))	67.475	
	Burial		7/28/	87 C	ak Law	n Cemetery	Baltimo	re Co	unty,	Md.	

DHMH - 16 60M 7/84

TO HOSPITAL

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IMPORTANT: If Item 21 is marked or Item 18 shows as

George A. Weber & Sons Inc. 705 S. Ann St. (VRA 15, 4)

Baltimore County, Md. 250 DATE REC'D BY REGISTRAR 254 REGISTRAR 3 SIGNATURE LACA

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	value mail hard 10\03	1

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7	DEC NO	1	9	5	4	
	REG. NO.					

-	87	FOR STATE REGISTRAR			EALTH AND MENTAL HYG	8 /	19	5 4	1
		CEASED NAME FIRST EORPRINT) Stuar	A D	F	sher sr	REG. NO	MONTH DAY	YEAR 26	HOUR Li 4
	3. SE.		4. RACE White	5. DATE C		6 AGE (IN YEARS LAST BIR	YRS.	S DAYS HO	UNDER 24 HRS OURS MIN.
5	,	IRTHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND	USA	WIDOWE		BALTO	_	EATH	MD.
0	60.0	BALTIM ORE	11. NAME OF HOSPITA (IF NOT IN SUCH FACILITY, DE AT	L, NURSING HOME C	T H	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Plumber)		IDUSTRY	of Md
5	130.5	ARY LAND 136 COUNTY			YES LE NO KK	130 STREET ADDRESS /		21090 s Fon	y Road
2	0	ATHER'S NAME FIRST	MIDOLE	ISH ER	15. MOTHER'S MAIDEN NAM ELEANO	WIDDLE		CROSS	
2		WAS DECEASED EVER IN U.S. AR	MED FORCES? VE WAR OR GATES) II OF CONTROL OF CONTRO	1-16-074	Stuart D. 1	Fisher Jr.	Same as	: 13e	
	CERTIFICATION	Conditions, if any, which gave rise to immediate couse (a), stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, W.							S USED
	ERTIFIC	71a ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	4	YES NO YES YES				NO [
1	MEDICAL C	OR CONTRIBUTING CAUSE OF DE. (IF EITHER. NOTIFY MEDICAL EXAMINE) 214. IN JURY OCCURRED WHILE AT WORK AT WORK	HOUR A.M. MO	DNTH DAY YEAR 19 RY	211 LOCATION STREET	CITY OR TO		OUNTY	STATE
		22a.1 certify that (I) (this haspi sow the deceased alive an abave, (I) (we) (did) (did no 22b. SIGNATURE	19						
<i>T</i>		B. Cruent 22d. PHYSICIAN'S NAME (TYPE O B. PIMEN			DEGREE 1 D ATTENDING PHYSICIAN 220 ADDRESS South. Bala	MEDICAL STAF	F		.87
		BURIAL, CREMATION, REMOVAL (SPECIFY) Burial			EMETERY OR CREMATORY Hill Cemetery	23d LOCATION CITY OR TOWN Baltimor	е	A.A.	STATE Md
	24 FI	eorge J. Gonce	4001 Ritchi	e Hgwy Bal	to Md	E REC'D. BY REGISTRAR	25b. REGISTRAR'S	SIGNATURE	8

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

Film G629 Item 17 4-20-8 STATE OF MARYLAND OF HEALTH AND MENTAL HYGIENE S CERTIFICATE OF EATH 20. DATE KNOWN MONTH YEAR 2b HOUR (TYPE OR PRINT) OF ESTI-E 5 FOR YOUR FILES.

E) WITHIN 72 HOURS

W PRESTON STREET, DEATH MATED Jefferson 1987 Bobby Flanagan 3. SEX 4. RACE 5. DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE 7:57 MONTH (AST BIRTHDAY) PRONOUNCED M 5 51 36 1987 DEAD 11 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE (STATE OR MARRIED X NEVER MARRIED FOREIGN COUNTRY) U.S.A. N.C. Baltimore City WIDOWED DIVORCED 22 HOURS AFTER DEATH. IF ANY DELAY ISN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE FI LONG WITH FORM PM 3. RETAIN PAGE 5 PERMIT, PAGES 1 AND 2,5HOULD BE FILED. GIENE, DIVISION OF VITAL RECORDS(20) W IB. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY Unemployed 1808 Riggs Avenue Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130. STATE 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 1808 Riggs Baltimore YES X Ave. NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDDLE LAST FIRST Lillie Thomas Flanagan Simmons 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS (YES, NO, OR UNKNOWN) Valda No 059-42-0729 Valerie Flanagan 115 Beach 56 Place Apt301 18 CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).) TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 32 HOUR EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18, PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG W TO FUNEAL DIRECTOR, PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, BALTIMORE, MARYLAND, 21201 PRIOR JO BURIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: 201 W. PRESTON ST Fatty liver IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which Chronic alcoholism gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO T 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 211. LOCATION AT WORK AT MOT WHILE STREET, FACTORY, FARM, ETC.) CITY OF TOWN COUNTY STATE Autopsy XX 27a. I certify that I took charge of the remains described above, held an Inspection death resulted from: Suicide Homicide Undetermined manner TITLE (SPECIFY) 7/12/87 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Charles P. Kokes, M.D. 111 Penn St. Balto.MD. (TYPE OR PRINT) ADDRESS 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY MD 7-18-87 Eastview Cementary Burial Dundalk 07/84 25M 24. FUNERAL DIRECTOR 250 REGISTRAR'S SIGNATURE 250. DATE REC'D. BY REGISTRAR DHMH - 17 March Funeral Homes, Inc. 1101 E. North Ave. JUL (VR A15 ME (5))

ON COLLON EIBER

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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KEO. I	_			

		REGISTRAR			MED	ICAL E	XAMIN	ER'S C	ERTIFIC	CATEO	FEEA	TH	REG. N	· 6	- 4	7
		CEASED NAME OR PRINTS	E F	IRST		MIDDLE			LAST		173	20. DATE K	NOWN ESTI-	MONTH	DAY YE	AR 26 HOUR
	(1110	CONTRINT	CI	ARENCE				FLIG	HT		-	DEATH		7-12	-87 ¹⁹	M
	1. SEX	male	4. RACE bla	ck 1	13 1	938			DER 1 YR.	IF UNDER Hours	MIN.	2c. DATE PRONOUNC DEAD		7-12	2-87 ₁₉	4:55R
5		RTHPLACE (S REIGN COUNTRY)	Md		S A	AT COUNT	'RY?	8. MARRI WIDOW	44000	VER MARRI	IED	9 BALTIMO Balti			Y OF DEAT	MD.
3		ry or town Baltim		(16	AME OF HOSP NOT IN SUCH FACE 542 Mt	ILITY, GIVE ST	REET ADDRESS)	_	er institu	TION	FORM	ACST OF WORK	ING LIFE)		OR IND	ompany
5			(IF IN NURSING	COUNTY	INSTITUTION, GIVE		efore admission of the total control of the total c		13d. INSIDE C	ITY LIMITS?	13e. STRE	EET ADDRES 042 Mo	s untv	iew Ro	ad 21	229
2		Rober	t	MIDD		Fli	-		Mar	9	EN NAME	MIE	F.		Barı	MIRE
	160. W	VAS DECEASE ES. NO, OR UNKNO N	OWN) [(IFY	J.S. ARMED FO ES, GIVE WAR OR	DATES)		AL SECURIT		MABL	E HIC	KS	45	ADDRES	s ountvi	iew Ro	ad
)	NO	Canditia gave ri cause (a lying cau	ins, if any, ise to imm) stating the use last.	CAUSED BY: MEDIATE CAL which nediate under-	Cause per line for the form of the following per line for the following per	ntrac AS A CONS	erebra SEQUENCE	OF OF			RT 1 (a).				BETWEEN	NSET AND DEATH
1	CERTIFICATION	190 DATE OF	FOPERATIO	Ν	19b. CONDITI	ON FOR V	VHICH OPER	RATION W	'AS PERFOR	MED?			100		20 AUTO	
3			G OR	VAS SE OF DEATH	21b. TIME OF HOUR A.M., P.M.		DAY YEAI	21c. Ho	OW INJURY	OCCURRE	D (ENTERN	NATURE OF INJU	IRY IN ITEM TE	PART 1 OR PAR	T 2)	
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2		220. I cert death result ACTUAL SIGNATURE EXAMINER'S	ify that I tao ted fram:	Natural cau	ite ()	Accident	Mul	L M	, Homin		Undete	Inquiry ermined man	nner .	nd in my api , DATE SIGNEI	7 17	s - 87
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	(5	BL BL	ırial		16/87	Z3C. N			11 Ce	meter	y CITY	Anne A			0 0 1	MD
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07/84 25M

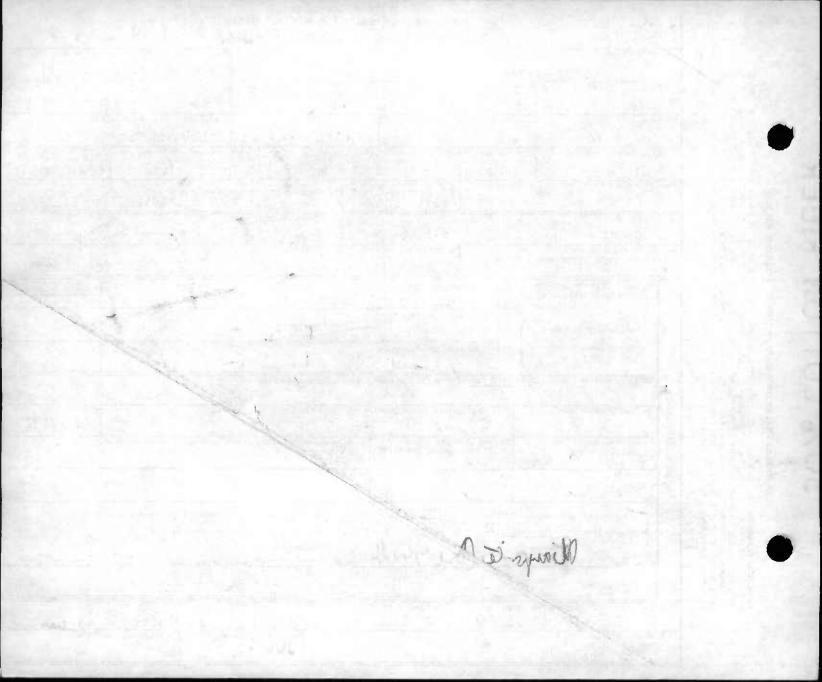
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 2120

DHMH - 17

PACE 4 SHOULD BE FORWARDED TO THE C TO FUNDRAL DIRECTOR, PACE 3 SHOULD BE AFIER DEATH, WITH THE STATE DEPARTMENT BARRIMORE, MARYLAND, 21201 PRIGRETO BL

(VR A15 ME (5))

Wm. C. March F/H West 4300 Wabash Avenue



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE KNOWN 2b. HOUR (TYPE OR PRINT) OF ESTI-ALPHONZO DEATH MATED 7-23-8719 HAYWARD FOGG 4. RACE DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE 2d HOUR DAY LAST BIRTHDAY PRONOUNCED 19 7-23-8719 BLACK 40 46 B:25R DEAD YRS WITHIN 76. CITIZEN OF WHAT COUNTRY? O BIRTHPLACE ISTATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH AND 3 TO THE FUNERA RETAIN, PAGE 5 FOR SHOULD BE FILED, WITHIN MARRIED NEVER MARRIED FOREIGN COUNTRY) USA MD WIDOWED Baltimore City DIVORCED ID. CITY OR TOWN OF DEATH USUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE! OR INDUSTRY 1228 N. Gay Street Baltimore DISABLED USUAL RESIDENCE LIE IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI 13a STATE 13b. COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS MD BALTO. YES X 1228 N. GAY STREET 21213 V ITEM 1B. GIVE PAGES 1, 2, A ALONG WITH FORM: PM-3, R IT PERMIT, PAGES 1-AND 2 SHEYGIENE, DIVISION OF WITAL RE 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME GEORGE FOGG LOTTIE KEARNEY 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT ADDRESS (YES, NO, OR UNKNOWN) LIFYES, GIVE WAR OR DATES YES JOHN R. KEARNEY 217-28-7757 1106 N. KENWOOD 18 CAUSE OF DEATH (Enter only ane couse per line for (a), (b), and (c). APPROXIMATE INTERVAL TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR BECLIFFHE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN 1TEM 18. PAGE 3 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITHOUT DELEGER. PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT. APPERE BEATH WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DISTRIMORE, MATHUM DELEGER, PAGE 1201 PRIQR TO BURIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY Gunshot wound of chest IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ID CERTIFICATION 190 DATE OF OPERATION 195 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [21a EXTERNAL CAUSE WAS 216 TIME OF INTURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 1:48 PM 7-23-UNDERLYING subject shot CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 71d INJURY OCCURRED 211. LOCATION AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) 1228 N. Gay Street TOWN Baltimore, Md. vestibule Autapsy X 22a. I certify that I took charge of the remains described above, held on Inspection and in my opinion Homicide X death resulted from Notural causes Suicide Undetermined monner TITLE (SPECIFY) DATE 7-24-87 Mario F. Golle, 111 Penn Street EXAMINER'S NAME TYPE OR PRINT **ADDRESS** 230. BURIAL, CREMATION, REMOVAL 235. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY MD BURIAL MT. CALVARY CEMETERY BALTO. 07/84 BP 24. FUNERAL DIRECTOR 25 DATE RESIDENT REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 17

1101 E. NORTH AVENUE

MARCH FUNERAL HOME

(VR A15 ME (5))

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			Poge 4 n	
			TAL OR ATTENDING PHYSICIAN: The low require the death certificate be executed within 24 hours offer death. Page 4 may be	
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	LAND 2	Ψ	hin 24 he	
	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201		uted wit	
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	NOFV		YSICIAN	ding phy
	DIVISIO		ING PH	or offend
			ATTEN	y the hospital or attending physician.
			TAL OR	y the h

					STATI	OF MARYLAND					
	1-	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYG ICATE OF DEATH	8 7 REG. NO	1 9	5 5		
6-7-5 JUL -	TIVE	EASED NAME FIRST		DDLE	L.	AS1	2a. DATE OF DEATH	MONTH DAY	YEAR	2b HOUR	
noy be poge 3	F	OLLHER, DA	7/54 L	_ee		Follmer		7 4	87	125 M	
4 moy	3 SEX		4 RACE		S. DATE C	F BIRTH	6 AGE (IN YEARS LAST BIR	THOAY) IF U	NDER I YEAR	IF UNDER 24 HRS	
ge 4		emale	PV	hite	07	25 14	72	YRS	UA13	MIN.	
Pour Pour		RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF W		8 AA A DDIE	NEVER MARRIED	9. BALTIMORE CITY OR COUNTY OF DEATH				
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The state of the s	-	TY OR TOWN OF DEATH				R OTHER INSTITUTION	120. USUAL OCCUPATION	ON I I	126. KIND OI	F BUSINESS OR	
The lied		ALTIMORE		SATON	fe .						
hour d in		L RESIDENCE (IF NURSING HOME OF TATE 136 COUR		IVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	13. STREET ADDRESS	ZIP CODE			
rely filled in 2 should be ine muss be		laryland AA		Hanover		YES NOX	7392 S. E	Idon Co	urt	21076	
2 sh	14. FA	THER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	WE		1 451	7	
of the post	2	UNKNOW	N	Simmons	5	VIRGINI	14		toer	VER	
xecul		/AS DECEASED EVER IN U.S. AR	MED FORCES?	66 SOCIAL SECU		17 INFORMANT	ADDRE			THE	
S. Po	-	No		220-05-3	3924	Henry G. Fo	llmer, Same	as 13			
ysicii oper ivol. nt, th		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	ly one couse per lu	ne for (0), (b), and	l (cs.)	0-	0		BETWEEN	MATE INTERVAL	
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decentration of the country of the c		Conditions, if ony, which gove rise to immediate	(b)		-	epsis			Da	4	
\$ #M		couse (o), stoting the	DUE TO, OR	AS A CONSEQUE	NCE OF					O	
1000		underlying cause lost	(c)								
i de la	2	PART 2 OTHER SIGNIFICANT	ONDITIONS CON	TRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 110		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	5	COPD, Z	ett CVA	Prolon	Lan IF VEC 11	F YES, WERE FINDINGS USED					
low low	CERTIFICATION	190 DATE OF OPERATION	196. CONDITI	ON FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	IN CERTIFYING	G CAUSES	OF DEATH?	
The ricion	RT	71a. ACCIDENT WAS UNDERLYING	7 21b. TIME OF	INTUIDV		121. HOW IN HURY OCCUPA	YES NO	YES [но 🗌	
phys ifico ifico ifico		OR CONTRIBUTING CAUSE OF DE	110110 4 11		Y YEAR	21c. HOW INJURY OCCURE	ED (ENTER NATURE OF INJUR	IY IN ITEM 18 PART I	OR PART 2)		
ring cent	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINED	21e PLACE OF		19	211. LOCATION					
PHY tendi	MEG	WHILE NOT WHILE	(AT HOME STREE	T, FACTORY, OFFICE, FA	ARM, ETC)	STREET	CITY OR TO	WN	COUNTY	STATE	
After of or other or other or other or other or		AT WORK AT WORK			3/2	2/8 87	2/4		87		
THEN OR:		22a.1 certify that (1) (this hasp sow the deceased alive on			X+ or	d that in (my) (our) opinion	depth occurred on the de	nte and hour on		that (1) (we) last	
ATI nospi ed fo st. of		sow the deceased alive on obove, (I) (we)(did)) did no	ti view the body of	ter deoth.	0 1	DEGREE		710 0110 11001 011	22c. DATE:		
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by the ERAL		22d. PHYSICIAN'S NAME (TYPE O	D PPINT	UV	MI	PHYSICIAN [DIRECTOR PHYSIC	IAN X	1/2	3/0/	
etoined by to FUNERAL should be definith the Store		Daning	200	T.			ne St. B	0	LM	71201	
show with	220 6	URIAL, CREMATION, REMOVAL	23b. DATE	122. N	AAAE OE C	EMETERY OR CREMATORY	123d LOCATION	aco	, Inc	01201	
BP		SPECIFY)				ridge Mem. Pk	CITY OR TOWN	How	VIAUC Da e	MD	
	24 FL	Burial INERAL DIRECTOR	judiy /	, 1301 M	cauow	250. DAT					
DHMH - 16 60M 7/84 (VRA 15, 4)		James S. K	irkley, 0	Glen [™] Bürı	nie, l	MD IN	6 1987	Julia d	Jander	Randara	

061083 JUL 29 87 ATE

I. DECEASED NAME

COUNTRY

3a. STATE

CERTIFICATION

LAMON

MALE BIRTHPLACE (STATE OR FOREIGN

MARYLANI ID CITY OR TOWN OF DEATH

BALTIMORE

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION

160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)

136. COUNTY BALTIMORE

MIDDLE

STATE OF MARYLAND	ST.	ATE	0F	MA	RY	LAND
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DEPARTM	STATE OF MARYLAND LENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	SIENE 7 REG. NO. 9	5 5 2
MIDDLE	LAST	2a. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	FORD	072	14 87 1433 M
	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
CK	05 03 87	YRS	20 DAYS HOURS MIN.
WHAT COUNTRY?	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNTY	OF DEATH
9	MARRIED NEVER MARRIED	BALTIMORE	CITY MD.
HOSPITAL, NURSING	G HOME OR OTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	126 KIND OF BUSINESS OR
SIN OF 1	MARYLAND	INFANT.	
GIVE RESIDENCE BEFORE	138 INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP CODE	
BALTIMO			runt ST
LAST	15. MOTHER'S MAIDEN NA	WE	t AST
FORD	SHEILA	0	NESBITT
166 SOCIAL SECUR	RITY NO. 117 INFORMANT	ADDRESS	
NA	miss Shelin	Nesbitt 518 N. Mo	untstaires

18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT	ly ane cause per line lar (a), (b), and (c). D BY: TE CAUSE (a) CARDIAC ARR EST	APPROXIMATE INTER BETWEEN ONSET AND
Conditions, if ony, which gove rise to immediate cause (a), stoting the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF (b) HEPATIC, FAILURE DUE TO, OR AS A CONSEQUENCE OF	

90 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED

(AT HOME, STREET, FACTORY, OFFICE FARM, ETC.)

STREET

20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOK YES T 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY

4. RACE

76 CITIZEN OF

11. NAME OF (IF NOT IN SU

211. LOCATION

CITY OR TOWN COUNTY STATE

NOT WHILE 220 I certify that (I (this haspital) attended the deceased fram 24 saw the deceased give an #724 abave, (I)(we) (did))(did nat) view the bady after death

and that in (my) (aur) spinion death occurred on the date and have and from the couses stated

226. SIGNATUR DEGREE ATTENDING MEDICAL

STAFF PHYSICIAN DIRECTOR PHYSICIAN

22c. DATE SIGNED

Toxanne Marci

22e ADDRESS 22 South Greane ST

TIC NAME OF CEMETERY OR CREMATORY

250 DATE REGID BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

ORTANT

24 FUNERAL DIRECTOR

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The state of the s		

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	1.	Items 13	9 13E.	STATE OF MARYLAND		
125 JUL	28-	#ATE 8 - 3 - 8 7	DEPARTM	CERTIFICATE OF DEATH	0 7	19553
	1.05	REGISTRAR OF FIRST	han e	CERTIFICATE OF DEATH	REG. NO	
poge 3		CEASED NAME BAS	16 IRL 1 (ROT	OKS) FOSTER	20 DATE OF DEATH	7/1/87 PM
ge 4 mo) ector. po	3. SE.	E	I. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTH	MONTHS DAVE WINDS MAN
Poge 4		Temale	Black	MONTH DAY STEAM	15 minut	
# 55 F		RTHPLACE (STATE OR FOREIGN	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OF	TIMORE MD.
by the fune filed within	10. C	BALTIMORE	(IF NOT IN SUCH FACILITY, GIVE STREET A		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	
hin 24 hours	USU. 13a. S	AL RESIDENCE LIF AURSING HOME OR OTATE 13b. COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION) 13d. INSIDE CITY LIMIT YES NO	S? 13e STREET ADDRESS	ZIP CODE 2/829
within within	14. FA	THER'S NAME	1 1 7 2 1	15. MOTHER'S MAIDEN		MED INC.
p la p	1	BRVANT	FOSTE OF	CARO	LE MIDDLE	ROOKS
Pages Pages		VAS DECEASED EVER IN U.S. ARA (ES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 16b SOCIAL SECUI	RITY NO. 17. INFORMANT	ADDRES	S
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attendin nave corb ation, ar i		Conditions, if any, which gave rise to immediate	DUE TO, OR AS A CONSEQUE	IMMATURITY	/	0
by the ose rer I, crem other		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	NCE OF ERINE GROWTH	RETARDATION	
equires the signed Then plect to buriol injury, or	Z O	PART 2 OTHER SIGNIFICANT C	onditions <u>contributing to d</u>	EATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR COND	ITION GIVEN IN PART 110
icion. The law reference has been nsit permit. Splaws ony is shows ony if	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
physicion physicion rifficate hol-transit ptol Hygien m 18 shov		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		Y YEAR	CURRED (ENTER NATURE OF INJURY	IN ITEM 18 PART I ORPART 2)
offending offending offen this ce she buries of the buries of the derived Men	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	P,M, 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	19 211. LOCATION STREET	CITY OR TOW	N COUNTY STATE
TTENDING ortal or at TOR: After for use os t of Health o		270.1 certify that (1) (this haspit saw the deceased alive on abave, (1) (we) (did) (did not	al) attended the deceosed from		nian death occurred on the dat	. 19
by the has by the has ERAL DIREC e detached State Dept. ANT: If Item		22b. SIGNATURE	20nd n	DEGREE ATTENDIN PHYSICIA		
etained by 170 FUNERAL shauld be de with the State		22d PHYSICIAN'S NAME (TYPE OF	OREL	SINAL H	HOSPITAL, B.	OLT, MD
BP		BURIA CREMATION REMOVAL	7-10-87 23c N	AME OF CEMETERY OF CREMATO	CITY OF TOWN	COUNTY STATE
DHMH - 16 60M 7/84 (VRA 15, 4)	24_F	INERAL DIRECTOR NAME NAME NAME NAME NAME NAME NAME NAME	(2401 W BGL	25a	DATE REC'D BY REGISTRAR 2	
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STATE OF MARYLAND

- STATE	DEPARTM	CERTIFICATE		8 REG. NO.	-	9	5	5	نيّ		
I. DEGEASED NAME FIRST	MIDDLE	LAST			20 DATE OF DEATH M	DNTH	DAY	YEAR	26 HOU	R	
Sylveste	r	Fost	er		July 19, 1		6:40p M				
3. SEX	4 RACE	5. DATE OF BIRTH	1		6 AGE (IN YEARS LAST BIRTH		IF UNDER	_	IF UNDER		
MALE	BLACK	3	13	03	84	YRS	MONTHS	DAYS	HOURS	MIN.	
To. BIRTHPLACE (STATE OR FOREIGN TO CITIZEN OF WHAT COUNTRY)		MARRIED N	IEVER MARE	RIED 🗍	9 BALTIMORE CITY OR COUNTY OF DEATH						
N.C.	USA /	WIDOWED	DIVOR	CED X	Baltimore	e Cit	- 4			MD	
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME OR OTHE	R INSTITUT	ION	120 USUAL OCCUPATION	٧	12b. I	(IND O	F BUSINE	SS OR	

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BALTIMORE Maryland General Hospital USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
1136 COUNTY
1136, CITY OR TOWN 136 COUNTY 13e STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? BALTIMORE MD N. PACA 21201 NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME

MIDDLE LAST LAST UNK NOWN MIDDLE FOSTER SYLVESTER ADDRESS 166 SOCIAL SECURITY NO 17 INFORMANT 16a WAS DECEASED EVER IN U.S. ARMED FORCES?

NO 716-12-1177 Paul APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT 18 CAUSE OF DEATH (Enter only one couse per line for to), (b), and (c). PART I. DEATH WAS CAUSED BY Massive upper gastrointestinal bleeding with IMMEDIATE CAUSE 10

three (3) Liters of fresh clotted blood in the stomac Canditians, if any, which cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse

TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIO

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

CERTIFICATION 206. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO [216. TIME OF INJURY 21a. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY COUNTY CITY OF TOWN AT HOME STREET, FACTORY, OFFICE FARM, ETC.)

NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from July 19, and that in ((aur) opinion death accurred an the date and hour and from the causes stated saw the deceased alive an

STATE

abave, 🕱 (we) (did) (XXXX view the bady after death 22¢ DATE SIGNED 226. SIGNATURE

DEGREE ATTENDING MEDICAL DIRECTOR PHYSICIAN **PHYSICIAN**

22e ADDRESS c/o Maryland General Hospital

230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 236. DATE CITY OR TOWN

TIMORE CEMETERY -24 BURIA

24. FUNERAL DIRECTOR MARCH FUNERAL HOMES. INC. 1101 E. NORTH AVE

BALTIMORE

DHMH - 16 60M 7/84 (VRA 15, 4)

5 7 8 4 1 31913	1 t	FOR STATE EX.,	7/1		2a., G-62 Gbj. D	EPART	MENT OF H		AND ME	NTAL H		. 6 4		A 1,19	
wai ava		REGISTRAR CEASED NAMI PE OR PRINT)	1	rinst Robert		MIDDLE neth	EXAMINE	Exp	AST		200	DATE KNOW! OF ESTI- DEATH MATEU	-	DAY YE	AR Zb. HOUR
JECESSARY, PLEASE FUNERAL DIRECTOR. 5 FOR YOUR FILES. MITHIN THOURS W. PRESTON STREET,	3. SEX	ale	4. RACE		Jan. 10, 1	YEAR	6 AGE (IN YEAR LAST BIRTHDAY)	S IF UN	DER I YR.	IF UNDER	24 HRS 2c.	DATE DNOUNCED DEAD	6/		87 M
AECESSAR DNERAL FOR Y WITHIN	FC	RTHPLACE (ST PREIGN COUNTRY) REPSTO			U. S. A	AT COUN	ITRY? 8	MARRIE	ED NEV	ER MARRIE	ED LIN	ALTIMORE CI Baltimo	TY OR COUN	TY OF DEAT	
CHO BO			timor	re/	II. NAME OF HOSP (IF NOT IN SUCH FACE JOHNS HO)	okins	reet ADDRESS) S Hospi	tal	R INSTITUT	ION	FOR MOST NO	OCCUPATION OF WORKING LIFE NO	(TYPE OF WORK	None	BUSINESS JSTRY
MD. 21201 TH. IF ANY DELA 1, 2, AND 3 TO I MA. REFAIN PA D. 2 SHOULD BE (ITAL RECORDS,	13g S Ma	aryland	130	Wash:	other institution, give	RESIDENCE BEFORE ADMISSION) 13(CITY OR TOWN Hagerstown						FET ADDRESS Washington		St.	21740
		ATHER'S NAME FIRST Ter:	ry		MIDDLE Fraley			15. MOTHER'S MAIDEN NAME PRIST Debbie					Mills		
HOURS AFTER DEA HOURS AFTER DEA EM 18. GIVE PAGES ING WITH FORM F ERMIT. PAGES I AM ERMIT. PAGES I AM FEME, QIVISION OF AL.	No. V	ES, NO, OR UNKNO	DEVER IN	U.S. ARMI	MED FORCES? WAR OR DATES) None			Terry Fraley, Hagerstown, M							
W. PRESTO WITHIN 24 ENCIL IN ITH MINER ALO TRANSIT PR ENTAL HYGI	Z	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the <u>underlying cause last.</u> DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 10 DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 or							BETWEEN	POSET AND DEATH					
SHOULD BORD "PEN CHIEF ME E USED AS T OF HEAL	CERTIFICATION	19s. DATE OF	OPERATIO	ON	196 CONDITION FOR WHICH OPERATION W.				WAS PERFORMED?				Z. 18	20 AUTO	
ANER: THE FICATE, W BE FORWA CTOR: PAC H THE STAT	MEDICAL CERT								shingtounty town, I	on, Co.					
TO MEDICAL EXAME EXECUTE THE CERTIFE A SHOULD B TO FUNERAL DIRE. BATTER DEATH, WITH BALTIMORE, MARY	73a B	ACTUAL SIGNATURE EXAMINER'S (TYPE OR PRII URIAL, CREMA	NT)		narles P.		es, M.D		ADDRESS	1.	t_MEDICAL	n St.	DATE SIGNI		1/87
07/84 BP 49 25M DHMH - 17 (VR A15 ME (5))	24 F	Burial UNERAL DIRECTION ON H.	TOR	Bast	6-24-87 Funeral Boonsboo	Ba	rownsvil	lle l	Hgts.	Cem.	CITY OF TO	wnsvill	e, Was	h. Co.	, Md.

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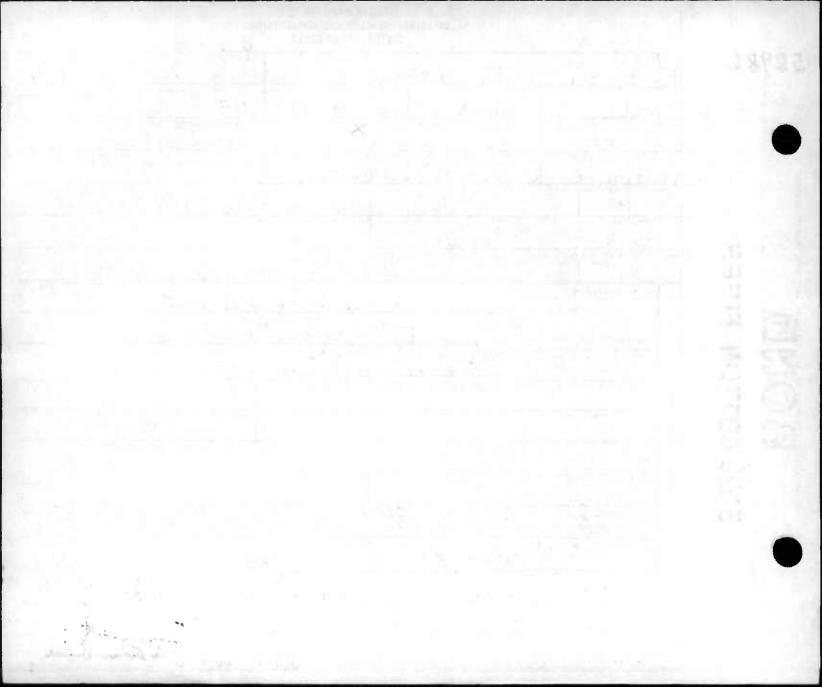
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Hone Terry Friley, Harerstone, Mi. 21740

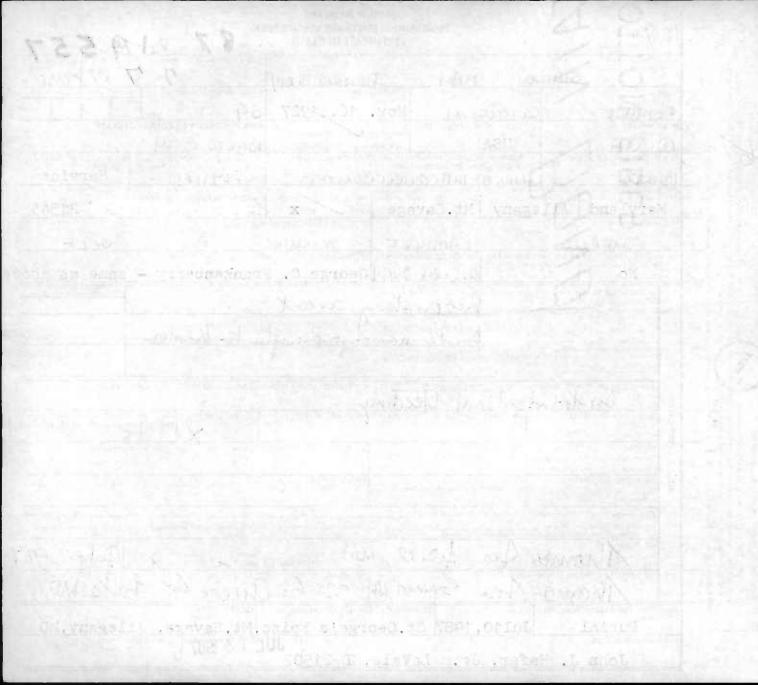
Burnel Gere 67 Brownsville Hers. Cen. Accountille, men. Co., Mil.

Best Muneral Home Woma B. Best, is Becapous. M. 21713

				STATI	OF MARYLAND					
	1.	FOR STATE	DEPART		EALTH AND MENTAL HYG	IENE				
		REGISTRAR		CERTIF	ICATE OF DEATH	8 7 REG. N	0.19	5 5	6	
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pod pod	3 SE		1 RACE	5. DATE C	OF BIRTH	6 AGE IN YEARS LAST BIR			IF UNDER 24 HRS	
ge 4 r		Male	Black	MONTH	SAY 17EAR	75	YRS	INS DAYS	HOURS MIN.	
Pog dire	7a 81	RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8	>/	9 BALTIMORE CITY O		DEATH		
death. Pag		COUNTRY	USA	WIDOWE		Baltin	ore C	ity	MD.	
24 haurs after de filled in by the fun auld be filed within must be applied of	10 C	11 OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACILITY, GIVE STREET LIBERTY Med	T ADDRESS!	CENTER	12a USUAL OCCUPAT			BUSINESS OR	
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Pages Pages medical		VAS DECEASED EVER IN U.S. ARI YES, NO OR UNKNOWN) (IF YES, GIVI		2152	I INFORMANT Estelle Fran	ADDRI OCIS 211		dale	St	
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bed by plea		PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT	-7	The state of the s	DITION GIVEN	IN PART Lin		
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physis physical physi		OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH D							
rSICIA ing p certification	MEDICAL	(1F EITHER NOTIFY MEDICAL EXAMINER	P.M. 21e PLACE OF INJURY	19	211 LOCATION					
OR ATTENDING PHYSICIAI e haspital ar attending ph DIRECTOR: After this certifi tabled far use as the burial-in Dept. of Health and Mental if them 21 is marked ar them 1	MEC	WHILE NOT WHILE AT WORK	(AT HOME STREET FACTORY OFFICE,	FARM, ETC)	STREET	CITY OR TO	IWN	COUNTY	STATE	
A P S A P S		220.1 certify that (1) (this haspit	(al) attended the deceased from	7/	1987			37.11	nar (II) we) last	
Pital Pital TOP for c		saw the deceased alive an abave, (I) (we) (did) (did na	19 view the hady after death	87.01	nd that in (my) (aur) apinion o	death occurred on the d	ate and hour ar	nd from the co	ouses stated	
has has hed hed hed ept.		22b. SIGNATURE	1 7411101-		DEGREE			22c DATE S	IGNED	
£ 0. =		Z, N,	- Lavings		ATTENDING PHYSICIAN	MEDICAL STA		7/7	7/87	
SO OS		22d. PHYSICIAN'S NAME (TYPE O	1111		27e ADDRESS Libe	wty new	dual	Cer	ter	
should with I	23a. I	BURIAL, CREMATION, REMOVAL	23b DATE 23c.	NAME OF C	EMETERY OR CREMATORY	123d LOCATION	(2/2/	5		
BP		(SPECIFY) Burial			Memorial Par	CITY OR TOWN	C	OUNTY	bM°	
DHMH - 16 60M 7/84	24 F	UNERAL DIRECTOR	ADDRESS			E REC'D. BY REGISTRAR	256. REGISTRA	R'S SIGNATUI	RE	
(VRA 15, 4)		Wm. C. March F/	H West 4300 Wab	ash Av	enue IIII	7 7007	white the	mar Co	and by	



59456	M.	ij.	FOR STATE REGISTRAR	DEP	ARTMENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH		o.86-1 43 5	557
n 6-			CEASED NAME FIRST	MIDDLE		AST	2a. DATE OF DEATH	MONTH DAY YEAR	2b HOUR
may be page 3			SHI			TANKENBERRY		7 7 87	0650 M
4 mo		3. SE		4. RACE	S. DATE C	DAY WEAR	6. AGE (IN YEARS LAST BIR	MONTHS DAYS	R IF UNDER 24 HRS HOURS MIN.
oge lirect			SMALE RTHPLACE (STATE OR FOREIGN	Cauca Sian	Nov.	16, 1927	59	YRS.	
death. Page	20	Pd. Di	COUNTRY)		MARRIE	NEVER MARRIED	A CONTRACTOR CONTRACTOR	R COUNTY OF DEATH	
within the de	73	10 CI	TY OR TOWN OF DEATH	USA 11. NAME OF HOSPITAL, NI	URSING HOME		120, USUAL OCCUPATI	ION TISK KIND	MD. OF BUSINESS OR
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end end			Canditions, if any, which	DUE TO, OR AS A CONS	SEQUENCE OF	- Cumphocust	i lenke	min.	
101			gave rise to immediate cause (a), stating the	18)		- coli	1-1-0		
1.7			underlying cause last.	DUE TO, OR AS A CONS	SEQUENCE OF				
NU		. 3	PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING	G TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART 1	ta
op a tr		CERTIFICATION	(saylor)	ntestinal 1	pleedin	2			
Day of the country of	7	CAT	19a DATE OF OPERATION	19b. CONDITION FOR W	HICH OPERATIO	WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FIND IN CERTIFYING CAUSE	INGS USED
The last	0	RTIF					YES NO	YES [NO [
Thought the	0		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	L	H DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART 1 OR PART 2)	
No see !	4	CAL	(IF EITHER NOTIFY MEDICAL EXAMI	NER) P.M.	19				
A A A A		MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, O	OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN COUNTY	STATE
2 4 4 4			AT WORK NOT WHILE AT WORK						
D 0 4 10 1				spital) attended the deceased f		, 19	, to		, that (I) (we) last
A SPORT				nat) view the body after death.		d that in (my) (aur) opinian o	death accurred on the de		
8 E E E			226. SIGNATURE	ac Clan di		DEGREE ATTENDING	MEDICAL STAI	171	E SIGNED
PA PA	_		226 PHYSICIAN'S NAME (TY	E OR PRINT)	رابجت	PHYSICIAN [DIRECTOR PHYSIC	IAN 8	11101
O HOSPITA Fronted by TO FUNER Hould be to	1		MARIAN (16/Wa SN	NOON IN	22-6	0,000006	of Bollo	MD
5 5 5 4 4	-	22- 0	SURIAL, CREMATION, REMOV		122. 1445.05.0	EMETERY OR CREMATORY	13d LOCATION	71 · Punto	1412
BP	10		SPECIFY				CITY OR TOWN	YIMUOD	STATE
	133	24 FL	Burial JNERAL DIRECTOR	Jul 10, 1987	50.660	orge's Episo	Mt. Sava	ge, Allega 25b. REGISTRAR'S SIGNA	
DHMH - 16 60M 7 (VRA 15, 4)	/B4		NAME	Hafer, Jr.	LaVale	MD 21502	F 1 2 198/	The second (special) and	of the second
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			O O I I I O •	narer, or.	navare	ידות בוארב			
			740000000000000000000000000000000000000						



ompletely filled in by the funeral director, pour a good 2 should be filed within 72 hours after death

may be

STATE OF MARYLAND

7 REG. N	10.	9	5	5	8
E OF DEATH MONTH		DAY	YEAR	2b. H	OUR
		90			

4	FOR STATE REGISTRAR				EALTH AND MENTAL HYG	IENE 8 7 REG. NO	1 9	3	5 8	
1	DECEASED NAME FIRST	MIDE	DLE	1	XST		MONTH DA	YEAR	2b. HOUR	
1	(TYPE OR PRINT)	othea	E.	F	rederick	13.5	07 05	5 87	104 N	
3.	SEX	4. RACE		S. DATE O		6. AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS	
	Female	White		12	05 37	49	YRS		MIN.	
70	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WH	HAT COUNTRY?	MARRIEI	NEVER MARRIED	9. BALTIMORE CITY Q				
L	Maryland	USA		WIDOWE	D DIVORCED	Baltimor		7 (82.7)	M	
10	Baltimore	907 West	SPITAL, NURSING ACILITY GIVE STREET ADI 38th St	HOME C	21211	170. USUAL OCCUPATI (TYPE OF WORK FOR MOST O Programme	F WORKING LIFE)	INDUSTRY	Casualt	
	Sound RESIDENCE (IF NURSING HOME Of 36, STATE 136 COU Maryland		RESIDENCE DEFORE AD R. CITY OR TOWN Baltimor		13d. INSIDE CITY LIMITS? YES 🖄 NO 🗌	907 West	38th S	treet	21211	
14	FATHER'S NAME FIRST LOUIS	WIDDLE	Becker		15. MOTHER'S MAIDEN NAME PRIST Mary	ME		Em	ige	
16		CEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT					SS		7 11 11	
	NO.		219-34-1	692	Patrick Fred	erick 907 W	. 38th	n Street 2121		
r	18. CAUSE OF DEATH LEnter D PART I. DEATH WAS CAUS	nly one couse per lin	e for (a), (b), and (0.	Halie Wan	(0 0 0		APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH	
	gave rise to immediate couse (D), stating the underlying couse last. PART 2. OTHER SIGNIFICANT	(c)	AS A CONSEQUEN		NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 10	o	
	19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	196 CONDITIO	ON FOR WHICH O	PERATIO	N WAS PERFORMED	200 AUTOPSY?		_	NGS USED OF DEATH?	
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI OR CONTRIBUTING CAUSE OF DI OR CONTRIBUTING CAUSE OF DI OR CONTRIBUTING OR CONTRIBUTI	EATH HOUR A.M.	MONTH DAY	YEAR 19	21t. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	T 1 OR PART 2)			
	21d. INJURY OCCURRED 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK		OF INJURY 21f. LOCATION STREET STREET			CITY OR TO	IWN	COUNTY	STATE	
	220.1 certify that (I) (this has sow the deceased alive a above, (I) (we) (did) (did n		APP -00	, pr	d that in (my) (our) apinion	depth occurred on the d	ote and hour o	and from the		
	22b. SIGNATURE THE	ineal				MEDICAL STA	FF CIAN [224. DATE	SIGNED 1/4	
	M) LHARL	Priev			220. ADDRESS 49 %	Early are	BAU	MI	1119	
2	3a. BURIAL, CREMATION, REMOVA (SPECIFY) Burial	23b. DATE 7/8/87			EMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN Baltimo		COUNTY	STATE Dark Lyne	

DHMH - 16 50M 4/82 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician should be detached for use as the buriol-transit permit. Then please remove carban papers, with the State Dept. of Health and Mental Hygiene prior to burial, cremotian, arremoval.

ottending physicion.

retained by the hospital or

BP.

24 FUNERAL DIRECTOR A. Alan Seitz, Jr. 3818 Roland Ave. 21211 250. DATE REC'D. BY REGISTEAR 256. REGISTRAR'S SIGNATURE

		MS Service Contract	
	17eth	THE SHALL SHE SHALL TO	
		VIII - 144	
THE REAL PROPERTY AND ADDRESS OF THE PERSON AD		Miles Resident	

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

-9 87 GIST	TRAR			CERTIF	ICATE OF DEAT	TH	8 REG. N	10.	9 5	5 4
PE OR PRINT)	NAME FIRST	_	Eroy .		ELAND	2	DATE OF DEATH	JLY 2	9,198°	7 8:49 F
-0	ALE (STATE OR FOREIGN	4. RACE	WHAT COUNTRY?	5. DATE C		EAR -3	AGE (IN YEARS LAST B	YRS	MONTHS DAYS	R IF UNDER 24 HRS
COUNTRY	yland	U.S.		MARRIE WIDOWE	D NEVER MARR	HED -	BALTIMO	_	TY	MI
BALTI	1	THE J	OHNS HO	PKI'N	S HOSPIT	AT.	OUSUAL OCCUPATIVE OF WORK FOR MOST	OF WORKING L	(FE) INDUSTRY	
MARY			STREET (2	N	13d INSIDE CITY LE	IX.	STREET ADDRESS			2/154
	FIRST	VE HONE	Freeland		15 MOTHER'S MAI		WAL		Baddi	1ST 275
YES, NO OR		IVE WAR OR DATES)	213-16-1		Mrs. Nigin	HIGHT.	EE AND 35	TEET,	Word jood	71174
PAR		ED BY: TE CAUSE (a)	RIGHT RAS A CONSEQUE	HEAVE NCE OF		WRE	thican	The reason of	9	XIMATE INTERVAL NONSET AND DEATH
gave cause underl	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN							4	'z hous	
19a DAT 21a. ACO OR CON	E OF OPERATION 29-87 CIDENT WAS UNDERLYING [TRIBUTING [CAUSE OF DE HER NOTIFY MEDICAL EXAMINE	196 COND	ITION FOR WHICH	OPERATIO	ON WAS PERFORMED	5N	200 AUTOPSY? YES NO CENTER NATURE OF INJ	20b IF YE IN CERTI	S, WERE FIND IFYING CAUSE ES []	INGS USED S OF DEATH?
21d INJ	URY OCCURRED	21e PLACE (AT HOME STI	OF INJURY REET, FACTORY OFFICE, F	ARM ETC)	211. LOCATION STREET		CITY OR T	OWN	COUNTY	STATE
sav	ertify that (I) (his hosp v the deceased alive a light (did p	ot) view the body			DEGREE ATTEN	IDING _	MEDICAL STA	AFF _		that we last e causes stated
	STSH	MWAY	y	10	120 ADDRESS 6	00 N	4 Johns F	TREET	r, BAL	TO MD
13ur		August	1,1987 BI	d hir M	DEMOTERY OF CREM	4En2	Bel Hir H			
24 FUNERAL JOSEP	h William Fos		Air, Manyle			AUG	0 3 1987		TRAR'S SIGNA	

DHMH - 16 60M 7/ (VRA 15, 4)

The standard season and the season of the se TO BE THE STATE OF THE PARTY OF the the bestock in market all had All the mathematical property of the mathematical property of the second of the second

STATE OF MARYLAND

FOR STATE REGISTRAR		DEPARTM		CATE OF E		GIENE 8	7 REG. NO.	1	9 5	6)	
DECEASED NAME FIRST TYPE OR PRINT) MARG		M.	FREN			2a. DATE O	F DEATH M	7 /	YEAR	26, HOU	SAM	
SEX FEMALE	4. RACE WHI		5. DATE O		Č5	6 AGE (IN	YEARS LAST BIRTHI	-	FUNDER I YEAR	IF UNDER	24 HRS MIN.	
BIRTHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND	A.		MARRIED LI NEVER MARRIED LI					Y OR COUNTY OF DEATH ORE CITY MD.				
BALTIMORE	(IF NOT IN SUC	H FACILITY, GIVE STREET A	SPITAL, NURSING HOME OR OTHER INSTITUTION ACHITY GIVE STREET ADDRESS) ESOTO ROAD				OCCUPATION RK FOR MOST OF VENE	WORKING LIFE	12b. KIND O INDUSTRY			
SUAL RESIDENCE (IF NURSING HOME IN STATE MARYLAND		GIVE RESIDENCE BEFORE 13c. CITY OR TOWN BALTIMOF	V 1	13d. INSIDE C	ITY LIMITS?	13e.STREET 1803	ADDRESS / :		2123	30		
FATHER'S NAME FIRST MIDDLE EDWARD		KESTLE	ER .		S MAIDEN NA FIRST RGARET		WE			THOMAS		
WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? GIVE WAR OR DATES)	215-03-5	100	17. INFORMA MARGA		ES 180	ADDRES:		. 2123	30		

8 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT	y one couse per line for (0), (b), and (c).) BY: E CAUSE (0) A LZHEIMERS DISEASE WITH SECONDARY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which	DUE TO, OR AS A CONSEQUENCE OF DEMENTIA MAKING PATIENT	
gave rise to immediate couse (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF STON	

PECTORIS, CONGESTIVE HEART SEIZURES

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

21a. ACCIDENT WAS UNDERLYING HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH P.M (IF EITHER, NOTIFY MEDICAL EXAMINER 21e PLACE OF INJURY 71d INJURY OCCURRED

71b. TIME OF INJURY MONTH DAY YEAR

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 211 LOCATION

IN CERTIFYING CAUSES OF DEATH? YES [

206 IF YES, WERE FINDINGS USED

CITY OF TOWN STATE

22a I certify that (1) (this hospital) attended the deceased from saw the deceased always a bove (i) (we) (did) (did no)) view the body after death

> DEGREE Mo

DIRECTOR PHYSICIAN

(my) (our) opinion death accurred on the date and hour and from the causes stated

20a AUTOPSY?

NOF

22c DATE SIGNED

NOT WHILE

19a DATE OF OPERATION

EIGHTS NE MIE MA 21229

23e. BURIAL, CREMATION, REMOVAL BURIAL

226. SIGNATUR

23b. DATE 7/13/87 23c. NAME OF CEMETERY OR CREMATORY LOUDON PARK CEMETERY

31

CITY OR TOWN BALTIMORE

23d LOCATION

COUNTY MARYLAND

DHMH - 16 60M 7/B4

CERTIFICATION

(VRA 15, 4)

BP.

O FUNERAL DIRECTOR

should be detached for use as the burial-transit permoventhe State Dept. of Health and Mental Hygiene

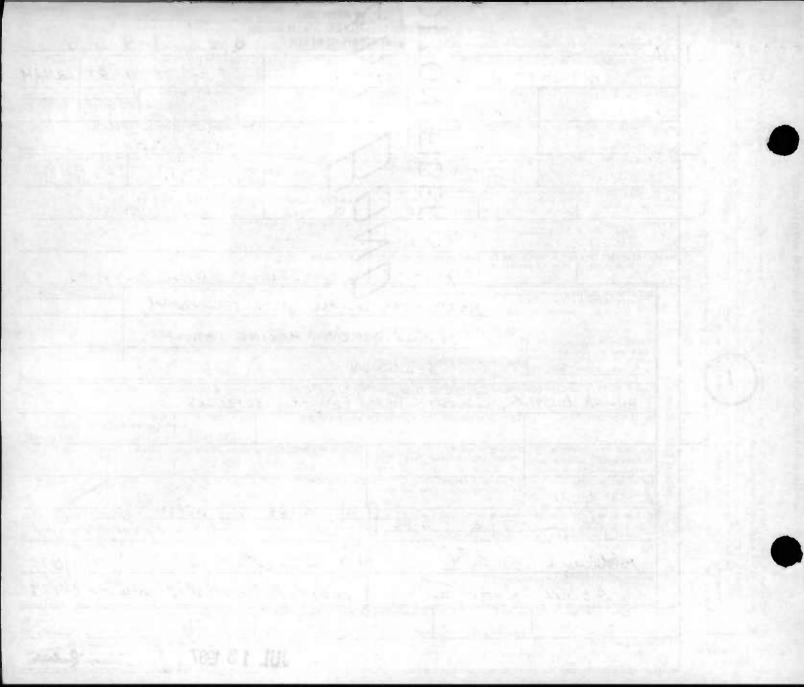
18 shows

marked or Hem

MPORTANT

HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE



OR ATTENDING PHYSICIAN: The law requires that the death

060700

death. Page 4 may be

impletely filled in by the funeral director, page 3 ond 2 should be filed within 72 hours after death

logd 2

STATE OF MARYLAND

1	STATE REGISTRAR	DEPARI		ATE OF DEATH	.19	5	6 1		
1	DECEASED NAME FIRST	WIDDLE	LAST		20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR	
ı	LOUI	S H.	FRI	ED	JULY 22, 1	987		3:30A. M	
Î	3. SEX	4. RACE	5. DATE OF	BIRTH YEAR	6. AGE (IN YEARS LAST BIR	MONT	DER I YEAR	HOURS MIN.	
l	MALE	CAUCASIAN	MAY 1	0, 1912	75	YRS			
Ì	70. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	8 MAPPIED	NEVER MARRIED	9 BALTIMORE CITY O				
ł	RHODE ISLAND	U.S.A	WIDOWED		RE CITY				
	10 CITY OR TOWN OF DEATH BALT IMORE	11. NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACILITY, GIVE STREET 2714 HANSON AV	T ADDRESS)		120 USUAL OCCUPATION OF THE OF WORK FOR MOST OF THE	F WORKING LIFE) If	26 KIND ON THE STRY AT LA	OF BUSINESS OR	
	USUAL RESIDENCE (IF NURSING HOME OF 130. STATE 13b. COU		ORE	BA INSIDE CITY LIMITS?	130 STREET ADDRESS A 2714 HANSO	ZIP CODE N AVE.	21209)	
I	14 FATHER'S NAME	MIDDLE LAST		MOTHER'S MAIDEN NA	ME		LAS	ST	
	JOSEPH	FRIE	D	ROSE			FOGE	EL	
1	160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SEC		7 INFORMANT	ADDRE				
ı	NO	072-12	-8248	MRIS. MIRIAN	4 FRIED 2714	HANSON			
I	18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS	only one couse per line for (a), (b), a	nd (cill	0 11	1		BETWEEN	MATE INTERVAL	
ł		ATE CAUSE (0)	ter?	uair fail	ure		du	ella	
		DUE TO, OR AS A PONSEQU	JENCE OF	2 00 1	mark of the same o		104	110+	
ı	Conditions, if any, which gave rise to immediate	(b) 2 W	reces	mellette	A		1	200	
	couse (a), stating the underlying couse last.	grans							
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT N	ot related to the term	I CERES	DITION GIVEN I	PART 10	0	
	19a DATE OF OPERATION C	196 CONDITION FOR WHICE	H OPERATION	WAS PERFORMED	200 AUTOPSY?		, WERE FINDINGS USED YING CAUSES OF DEATH?		
ı	JF I				YES NO	YES []	NO [
i	210 ACCIDENT WAS UNDERLYING	110110 1 11 11011711		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART 1	OR PART 2}		
	OR CONTRIBUTING CAUSE OF D	EAIH	19				1.35		
1	OR CONTRIBUTING CAUSE OF D	21e. PLACE OF INJURY		TIL LOCATION STREET	city de to	teend	COUNTY	STATE	
	WHILE NOT WHILE AT WORK		,						
	saw the deceased alive a	offol) attended the deceased from,	87, and	that in (my) (gur) opinion	death occurred on the de	19_ ate and hour one		that (It (ve) last	
	22b. SIGNATURE	D Na 1 1	DE	GREE ATTENDING	MEDICAL STAI	FF	22c DAJE	SIGNED /	
	4syn	- Janena	0,10	PHYSICIAN [DIRECTOR PHYSIC		11	11/8/	
	JOSEPH JOSEPH	, C. MATCH,	AR	363501	d Court	- Rd.	/	- /	
	230. BURIAL, CREMATION, REMOVA	L 23b. DATE 23c	NAME OF CE	METERY OR CREMATORY	23d LOCATION	ec	DUNTY	STATE	
	BURIAL	7 /23/87 B	ALTIMOR	RE HEBREW 250 DAT					
	24 FUNERAL DIRECTOR	I LEVINCON S DDO	C TNC	ZSa DA	TE REC'D. BY REGISTRAR	256 REGISTRAR	5 SIGNA	AIRE LABOR	

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate hos. In should be detached for use as the burial-transit permovith the State Dept of Health and Mental Hygiene is IMPORTANT: If them 21 is marked or them 18 shaws a

SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTIMORE, MD 21215

JUL 24 1987

STATE OF MARYLAND

	1	MATE		CERTIFICATE OF DEATH Q 7						224					
1	1	GEASED NAME	PHESI		WIDDLE		AST	O O	REG. NO	O. MONTH	DAY	3	6	2	
		CHIMBAT)	Lillia		artha	Fris		2a. DATE OF		07	22	87	26 HO	08	
1	3. SEX		<u> </u>	4 RACE	arena	5. DATE C		6. AGE (INY	EARS LAST BIRTI	HDAY)	IF UNDER			R 24 HRS	
1	11-140	-	100	**1 * 1		January 20, 1920		6	7		MONTHS	DAYS	HOURS	MIN	
4		Female RIHPLACE ISLATE OF	ACRES OF THE PARTY	White	WHAT COUNTRY?	Janu	lary 20, 1920	9 BALTIMO		RS.	Y OF DE	ATH			
9		COUNTRY)	Village Co.	70. CHIZEN OF	WIIAI COOKIKI:	MARRIE	D 🖪 NEVER MARRIED 🗍	2	11.		I OI DE				
4		Maryland		USA		WIDOWE							M		
	10. C.I	Baltimor	ATH	11. NAME OF HOSPITAL, NURSING HOME HIS NOT IN SUCH FACILITY, GIVE STREET ADDRESS)			Westical Centr	170. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Housewife			IFE) IND	126 KIND OF BUSINESS OR INDUSTRY Own Home			
1		AL RESIDENCE, IF MUP													
2		Maryland	136. COUR	timore	Dundalk	N	136 INSIDE CITY LIMITS?		ADDRESS /			d 2	122	2	
4	IL FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NA	AWE	MIDDLE			LAST			
4		Harry		Mobile	Grauling	a	WIDDLE		J	Ryko	ski				
i.		VAS DECEASED EVE			16b. SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRES	SS					
4	- 15	(ES, NO OR UNKNOWN)	(NF YES, GIV	E WAR OR DATES)	220-05-3	3850	Bartholom	ew T. F	risa	Sar	me as				
		18 CAUSE OF DEA	TH (Enter or	ly one couse per	Line for (a), (b), and	d Nr	1				В	APPROXIMETWEEN O	NATE INTE	RVAL D DEATH	
1		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Cardiau Arrest													
И			IMMEDIA							7					
		Conditions I am	and the	DUE TO, O	RAS A CONSPOUE	MIM	Setilia								
	- 3	gave rise to immediate													
		count (a), stating the Due TO, OR AS A CONSEQUENCE OF													
		(6) 270000													
	CERTIFICATION	PART 2. OTHER SIG	SNIFICANT	CONDITIONS C	ONTRIBUTING TO	EATH BUT	NOT RELATED TO THE TERM	MINAL DISEASI	OR COND	ITION GI	VEN IN P	ART Ito			
	A	1% DATE OF OPER	ATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTO	PSY?		S, WERE				
	Ē							YES X	NOL		IFYING C	AUSES	OF DEA		
5	100	71a. ACCIDENT WAS UP	NDERLYING T	7 216. TIME C	OF INJURY		21c HOW INJURY OCCUR		TURE OF INJURY			PARI 21	110		
1		OR CONTRIBUTING	_	110110	M. MONTH DA	AY YEAR		TENTER IN	10KL 01 #170K		TAKT TOKT	-181 4)			
f. I	Ď.	(IF EITHER, NOTIFY MEE	ITATIA N		M.	19									
	MEDICAL	314 INJURY OCCUR		21e. PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, F.	ARM, ETC.)	211 LOCATION STREET		CITY OR TOW	VN	COU	INTY		STATE	
		AT WORLD AT WE	ONE												
		22s.1 certify that ((this hosp			7	114 19 87	, to	7/22		, 198	37. t	hot (li	(we) lost	
И		saw the decea	sed olive on	7/22 He view the body	1.0	07,01	nd that in (my) (our) opinion	death occurre	d on the dot	te and ho	ur and fir	om the c	ouses s	tated	
		22k SIGNATURE	1/1	A view the body	Arter debin.		DEGREE			-	226	DATES	IGNED		
			Cut	Carux	bul mi	2	ATTENDING PHYSICIAN [MEDICAL DIRECTOR	STAFF			7/22	187	t .	
		22d. PHYSICIAN'S N	TAME (TYPE O	- Cauxo	hell		FSK Med,	Centr.	Essi	lev .	Ave.	30	lto, n	ID,	
		BURIAL, CREMATION	, REMOVAL	23b. DATE	23c N	NAME OF C	EMETERY OR CREMATORY	23d LOC A			40.7				
	'	SPECIFY) Burial		7-2	7-87	Holly	Hill		or Town ltimor	ce, M	D COUNT	Y		STATE	
	24 FL	JNERAL DIRECTOR			uneral Ho			TE REC'D. BY R		*		IGNATU	JRE		
		NAME	Duda	-RUCK F	Description	11- 14	D 21222 IIII	2/1 100	07	/					
			1922	Wise A	ve. Dunda	IK, M	D 21222 JUL	C T D	2/	aten 1	Sec.	-0	0.4	4	

DHMH - 16 60M 7/84 (VRA 15, 4)

MPOSTANT, If hem 21 is

Balto

(VR A15 ME (5))

and the same

By Kind Bernard William Complete By By Ho

STATE OF MARYLAND

JUL 28

injury, or other troumotic

filled in by the funeral director outd be filed within 72 hours of

					SIAIE	Ur MAKILAND						
FOR STATE				DEPAI	RTMENT OF HI	EALTH AND MENTAL HY	GIENE					
1	REGISTRAR				CERTIFI	CATE OF DEATH	8	7	. 1	0 2	4.	10
DE	CEASED NAME	FIRST	,	MIDDLE	LA	NST	2a. DATE C	REG. NO	-	DAY YEAR	2b HOL	10
	E OR PRINT)	Laana	and a	Honry			I d. DAIL C	, DEAIN				
CF		Leona		Henry	7	Fuhr, Sr.	1 105		July,	24 198		LOP M
. SE	X	1	RACE		5 DATE O	DAY YEAR	120	YEARS LAST BIR		MONTHS DAYS		MIN.
	Male		Whit	te	6	3 17	70		YRS			
	IRTHPLACE (STATE OR	FOREIGN 76	CITIZEN OF	WHAT COUNTR	Y? 8	NEVER MARRIED	9 BALTIM	ORE CITY O	R COUNTY	OFDEATH		
	Maryland		U.S	S.A.	WIDOWE		Ba	1 timor	e. Ci	t.v		MD.
0. C	ITY OR TOWN OF DEA	ATH 1		HOSPITAL, NUR		ROTHER INSTITUTION	12a USUA	L OCCUPATION	ON		OF BUSINI	ESS OR
	Baltimore			and Gen		spital		Cutte			Plan	t
	AL RESIDENCE (IF NURS		HER INSTITUTION	GIVE RESIDENCE BEI	FORE ADMISSION)		1			211	227	
	aryland	136 COUNT	Y	Baltimo		13d. INSIDE CITY LIMITS?		Renson		nue Apt		6
_	ATHER'S NAME			Darcink	210	15. MOTHER'S MAIDEN N		DCITOO	II MVCI	ide Api	10	0
	Edward	Å	DDLE	LAST F1	uhr "Sr	Anna		MIDDLE			AST.	
4- 1	WAS DECEASED EVER			166 SOCIAL SE		17 INFORMANT		ADDRE	22	Dui	mser	
	YES, NO OR UNKNOWN)		VAR OR DATES)	113			1. 1.				2122	9
	IES	VVVV	11	213-10-	-8/18	Dolores Decl	ker 10)2/ P1)	ne Hei	ights 1		
	18 CAUSE OF DEAT PART I. DEATH W	H Enter only	one couse per	line for (a), (b),	ond (c+			1		BETWEEN	NONSET AND	RVAL DEATH
	PARTI. DEATH W	IMMEDIATE		Cardia	c Arres	t						
	10000		DUE TO O	R AS A CONSEC	DUENCE OF							
	Conditions, if ony, which ((b) Congestive Heart Failure											
	gove rise to improve couse (a), statis)									
	underlying couse			Coronar	_	v Disease						
	PART 2 OTHER SIGN	VIEIC ANT CO				NOT RELATED TO THE TER	PANINAL DISEA	SE OR CONI	DITION GIV	EN IN PART	lio	
×	TAME & CHICK SICK	THE ALT CO	TOTAL CO	211111011110	O DEATH COT	NOT KEERIED TO THE TEX	WINAL DISEA	5E ON CO.		El a a a a a a a a a a a a a a a a a a a		
ATIC	19a DATE OF OPERA	TION	Tigh CONDI	ITION FOR WHI	CH OPERATION	N WAS PERFORMED	200 AU1	OPSY?	206. IF YES	, WERE FIND	INGS USE	D
F							-		IN CERTIF	YING CAUSE	S OF DEAT	
ERT	21g. ACCIDENT WAS UN	DEBLANCE D	21h TIME O	E INTITION		21c HOW INJURY OCCU	YES [NO	YES		NO [
0	OR CONTRIBUTING				DAY YEAR	THE FIGURE WORK OCCO	IKKED (ENIEK)	PATURE OF INJUR	CT IN IIEM IS F.	ART I OR FART 2)		
MEDICAL CERTIFICATION	(IF EITHER NOTIFY MEDI		P.,		19							
MED	21d. INJURY OCCUR		21e PLACE (OF INJURY REET, FACTORY, OFFI	CE, FARM, ETC.)	21f LOCATION STREET		CITY OR TO	WN	COUNTY		STATE
_	AT WORK NOT WE	RK .										
	22a.1 certify that (f)		7 7			1	, to	uly 2	4	19_87	, that X (
	sow the deceos obove, (Nwe) (ed olive on	view the hody	24 19	8/_, on	d that in (mX (our) opinio	n deoth occur	red on the do	ote and hou	r and from th	e couses st	oted
	226 SIGNATURE	1	1 1	111		DEGREE				22c. DAT	TE SIGNED	
	Mustes	1.11	11.1	Main	M	1.7. ATTENDING PHYSICIAN	MEDICA	R PHYSIC		7-	74-8	77
	22 PHYSICIAN'S N.	AME (TYPE OR F	RINT)	NO CO C		22e ADDRESS	- Directo		7		1 20	
	Michael	11	1.1.1-	011 1	UD	CAO Mary	and Co	nona T	Hoone	4-7		
22-	JULIANACI	TI	11/2	- 1 1	1 1 /V /		and Ger	ATION	поѕрт	Ld I		
230.	BURIAL, CREMATION,		236. DATE			EMETERY OR CREMATORY	CI	TY OR TOWN		COUNTY	Mary	STATE
	Buria	1	7/28/	/8/	Loudon	Park Cemeter	ry Bal	timore	9		Mary	rand

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the chooled be detached for use as the buriof-transit permit. Then please in with the State Dept of Health and Mental Hygiene prior to burial, crem

offending physicion

retained by the hospital or HOSPITAL

IMPORTANT: If Item 21 is morked or Item 18 shows ony

24. FUNERAL DIRECTOR 4107 Wilkens Ave. Hubbard Funeral Home, INc.

BY REGISTRAR 256. REGISTRAR'S SIGNATURE

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
CENTIFICATE OF DEATH	

DEPARTMENT	OF HEALTH	AND MENTAL	HYGIENE							
CERTIFICATE OF DEATH										

1.	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 8 TG. NO.						95	66
	CEASED NAME FIRST	WIDDLE	ı	AST		20. DATE OF DEATH	MONTH DA	YEAR)	26 OUR
TAPE	GEORGE	н.	FULI	ER		J	ULY7,		7:01a
3. SE	Х	4. RACE	S. DATE C			6. AGE (IN YEARS LAST BIRT		UNDER I YEAR	IF UNDER 2494RS
	MALE	WHITE	AUG			70	YRS.	ONTHS DAYS	HOURS MIN.
		76. CITIZEN OF WHAT COL	INITDV2 8			9 BALTIMORE CITY OR COUNTY OF DEATH			
1/0			WIDOWE	DO DIVORCED BALTIMORE CITY				MD.	
BALTIMORE 11. NAME OF HOSPITAL, NURSING HOM JOHNSCH HUFKINSON							WORKING LIFE)	12b. KIND OF BUSINESS OR INDUSTRY ER TRUCKING	
130.5	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	TY 13c. CITY C		YES 🛣	CITY LIMITS?		ZIP CODE MROCK	AVE.	21206
14 FA	ATHER'S NAME FIRST	AIDDLE L	AST	15. MOTHE	R'S MAIDEN NA	WE		LAST	
1			FULLER		MARIE			HOLLA	ND
160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO. 17 INI									
	NO	O 217-07-9699 DOROTHY FULLER (WIFE) SAM					ME AD		
	18 CAUSE OF DEATH (Enter only one couse per line for to), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) RESPIRATORY ARREST				BETWEEN O	MATE INTERVAL PRISET AND DEATH			
	Conditions, if any, which gove rise to immediate	DUE TO, OR AS A COL	NSEQUENCE OF	ETAST	ATIC 8	BRONCHIOGEN		21)	/EAR
191	couse (o), stating the underlying couse lost	DUE TO, OR AS A COI	NSEQUENCE OF			CARC	MYNOUL	W.	163-
NOI	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110								
CAL CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED			20a AUTOPSY? YES □ NO	20b. IF YES, V IN CERTIFYI YES	WERE FINDIN ING CAUSES	GS USED OF DEATH? NO	
	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		TH DAY YEAR	21c. HOW	INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PAR	T 1 OR PART 2)	
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY		21f. LOCA STR	TION	CITY OR TO	VN	COUNTY	STATE
	22a.1 certify that (I) (this hospital) attended the deceased from \$\frac{16}{6} \frac{81}{6} \frac{10}{6} \frac{1}{6} \frac{81}{6} \frac{1}{6} 1								
	226. SIGNATURE			DEGREE				22c. DATE S	SIGNED
	/ Cles			MD	PHYSICIAN [MEDICAL STAF		17-7.	-87
	224. PHYSICIAN'S NAME (TYPE OF	PRINT)		22e ADDE	RESS JOHN:	SHOPKINS	HOSPI	TAL	
	NIES				600 1	N WOLFE ST	BALT	IMORE	,21205
	BURIAL, CREMATION, REMOVAL	23b. DATE	23t NAME OF C	EMETERY O	R CREMATORY	23d LOCATION			
EN	TOMBMENT	7/10/87	PARKW	TOOD		"BALTI	MORE	COUNTY	MD.

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT: If Hem 21 is

ENTOMBMENT 7/10/87 PARKWOOD

14 FUNE CONTINUENCE FUNERAL HOME, INC.
3331 Brehms Lane, Balto. Md. 21213

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE JUL 1 0 1987

Tioiden Perdale

20.00 30 30 JUL 10 1987 ALL SERVING ALL

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR ASED NAME 20 DATE KNOWN OR PRINT) OF ESTI-DEATH MATED Fuller Sarah 11 19 87 IF UNDER 1 YR. 3 SEX 4. RACE DATE OF BIRTH AGE (IN YEARS IF UNDER 24 HRS 2d HOUR 20. DATE MONTH LAST BIRTHDAY) PRONOUNCED 4:23P DEAD 1987 70. BIRTHPLACE (STATE OR 7b. CITIZEN 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! WIDOWED -DIVORCED Baltimore City IB CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 112b KIND OF BUSINESS A 3. RETAIN PAGE 2.54-DULD BEFILE AL RECORDS, 201 OR INDUSTRY (# NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 2013 N. Bentalou Street Baltimore SUAL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 3a. STATE 136 COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS YES Z NO 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE 18. GIVE P. WITH FOIL IT. PAGES 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. INFORMAN1 ADDRESS (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) TRANSIT PERMIT. P INTAL HYGIENE, DI OR REMOVAL. APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 TO MEDICAL EXAMINER: THIS CERTIFICATE SHOUSE IN EXECUTE THE CERTIFICATE, WRITING THE WORD "FETURE PAGE 4 SHOULD BE FORWARDED TO THE CHIEF WIND TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS AFTER DEATH, WITH THE STATE DEPARTMENT OF HEATH BALTJMORE, MARYLAND, 21201 PRIQR TO BURIAL PENAMORE, MARYLAND, 21201 PRIQR TO BURIAL CERTIFICATION 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NO X 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TE PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M. 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION (AT HOME. AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE COUNTY 228 I certify that I took charge of the remains described above, hald an Autopsy Inspection and in my opinion Natyra/causes death resulted from Suicide Homicide Undetermined manner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 7/12/87 SIGNATURE EXAMINER'S NAME Charles P. Kokes, M.D. 111 Penn St. Balto.MD. (TYPE OR PRINT) ADDRESS 23d LOCATION 23a BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY STATE 07/84 74. FUNERAL DIRECTOR BY REGISTRAR 25b REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5))

оде 4 тоу be

the death certificate be executed

ly filled in by the funeral director page 3 should be filed within 72 hours after death

medico

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENS

7	1	9	5	6	-
REG. NO.	1	110			

	STATE REGISTRAR				CERTI	FICATE OF	DEATH	8	/ REG. NO	0. 9	2	5 0
	CEASED NAME FI	EDW	1 -	DOLE E.	68	FUN	K	20. DATE	OF DEATH	7/8	82	12' LAM
3. SE	Male	4 RA	Wh	ite	S. DATE	OF BIRTH	YEAR 26	6 AGE	N YEARS LAST BIR		IF UNDER I YEAR	HOURS MIN.
	RTHPLACE I STATE OR FORE		05/	-	WIDOW	ED [MARRIED DIVORCED	Ba	ORE CITY O	e Cit;		MD.
1	3A4TO	D	ERTON	HOSO	TALY	+ Mep	ICAL COL		Mack			OF BUSINESS OR
13a. S	MDV.	COUNTY		13c. CITY OR T		13d INSIDE	NO DOX	6445	T ADDRESS			Burnie,M
2	THER'S NAME FIRST EVERET VAS DECEASED EVER IN L			CU)	VK	CA:	FIRST HERIA	VE	MIDDLE	22:	Page	
		FYES, GIVE WAR			-3861		arles N.	Lehma Funk	ın St.		to., Mo #21225	
	18 CAUSE OF DEATH 18 PART I. DEATH WAS IM/			ine for 101, (b)	Cora	liome	speak	JA	mes	+	BETWEEN	MATE INTERVAL ONSET AND DEATH
	Conditions, if any, wh gave rise to immedi cause (a), stating underlying couse I	hich iate the	(b)	AS A CONSE	Seve	re 1	Brown	long	Fa	iluse		
rion	PART 2 OTHER SIGNIFIC											
CERTIFICATION	190 DATE OF OPERATION				ICH OPERATIO		North St	YES [TOPSY?	IN CERTIFY YES		
MEDICAL CE	210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	SE OF DEATH	P.M	MONTH	DAY YEAR	100	NJURY OCCURR	ED (ENTER	NATURE OF INJUS	RY IN ITEM 18 PA	RT I OR PART 2)	
MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK			ET, FACTORY OFFI		211 LOCAT			CITY OR TO	wN	COUNTY	STATE
	220 I certify that (I) (thi saw the deceased a above, (I) (we) (did) 22b. SIGNATURE	slive on	4/2	51		DEGREE	/) (aur) apinion o	death accur	rred on the de	ate and have		
	224 PHYSICIAN'S MAME	(TYPE OR PRINT	125	inte	, HV	22e ADDRE	4.	MEDICA	DR PHYSIC		n/CH /	8/87
	BURIAL, CREMATION, REA SPECIFY) Burial		DATE uly 10				CREMATORY emetery	23d LO	CATION ITY OF TOWN	13103	COUNTY	Md.
G	FALMEN	Schu	mb	3 7	re. F	refund	250. DATE	JL 1	REGISTRAR		AR'S SIGNAT	

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and c should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages with the State Dept. of Health and Mental Hygiene priar to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that retained by the haspital ar attending physician.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the

FOR

Jainties! Minister Breed e. No. LOUIS . . . TO HOLD HALD NEW AND 20019 Dept. State of the Company of ALTERNATION AND THE PROPERTY OF THE PROPERTY O

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	DIA	IEU	r m	AKIL	ANU	
DEPARTMENT	OF	HEA	LTH	AND	MENTAL	HYGIEN

- 1	135	

- 4	REGISTRAR											
	CEASED NAME	FIRST	A	IDDLE		EAST	2a DATE OF	DEATH M	HINO	DAY YE	EAR :	B. HOUR
{TYPE	OR PRINTI				100	1 . 0	-	١ .	-			3451
	21	1500			600	162	-7 N	14 4	-4,	148-	-	3-
3. SE>	X	4.1	RACE		5. DATE		6 AGE INYE	EARS LANT BIRTH	DAY)	IF UNDER 1		IF UNDER 24
TA		T	11 - V		MONT			74		MONTHS	DAYS	HOURS A
T	SILVETTE	2	SIGCE		NO.	V 23 1912		77	YRS.			
To BII	RTHPLACE (STATE OR F	OREIGN 76	CITIZEN OF	VHAT COUNTR	Y? 8	D NEVER MARRIED	9 BALTIMO	RE CITY OR	COUNT	Y OF DEA	TH	
1	10000		11 6				- 140	1-10-	0.1	2		
30.61			1	OCCUTATION DELICATION	WIDOW			4JW				
IV CI	ITY OR TOWN OF DEA	JH III		FACILITY, GIVE STRE		OR OTHER INSTITUTION		CCUPATIO				BUSINESS
18	saltanar	2 1	· loo	. 2			(11720) 110111	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			37101	
##5U/	AL RESIDENCE (IF NURSI		HER INSTITUTION	GIVE RESIDENCE BEF	ORE ADMISSIONS							
13a. S		136 COUNTY		13c CITY OR TO		134 INSIDE CITY LIMITS?	13e.STREET A	ADDRESS / :	ZIP COD)E		
M	0	Brd. 1	4,	Rals	1.	YES NO	3806 D	orche	ster	Rd.	212	15
14 FA	THER'S NAME	15.00		LICAL		15 MOTHER'S MAIDEN N	AME	-				
	FIRS1	A ID	DLE	LAST		FIRS1		MIDOLE			LAST	
	Connie		Waldi	ngton		Mary	Wa	alding	ton			
160 V	WAS DECEASED EVER	IN U.S. ARME		166 SOCIAL SE	CURITY NO.	17 INFORMANT		ADDRES				
(1	YES. NO OR UNKNOWN)	(IF YES, GIVE W	AR OR DATES)	/00 50	7501	n -						
				420-58-	· /531	Rosa G. Lew	is 3806	Dorch	este	er Rd.	21	215
	18 CAUSE OF DEATH	d (Enter mal)		line for the the	and in .					A	PPROXIM	ATE INTERVAL
	Conditions, if any, gave rise to imm cause (a), statinunderlying cause	nediate g the	(b)(AS A CONSEC	mger	nic Shoc	K					
IION	gove rise to imm cause (a), stating underlying cause	lost	(b)	Card as a conseg	DUENCE OF	TNOT RELATED TO THE TER		E OR COND	ITION GI	IVEN IN PA	ART 110	
CATION	gove rise to imm couse (a), statin- underlying couse PART 2 OTHER SIGN	ediate g the last	(b) DUE TO, OR (c) NDITIONS CC	AS A CONSEG	DUENCE OF			PSY?	20b. IF YE	ES, WERE F	INDIN	GS USED
IFICATION	gove rise to imm couse (a), stating underlying couse PART 2 OTHER SIGN	ediate g the last	(b) DUE TO, OR (c) NDITIONS CC	AS A CONSEG	DUENCE OF	T NOT RELATED TO THE TER	RMINAL DISEASE	DPSY?	20b. IF YE	ES, WERE F	INDIN	F DEATH?
RTIFICATION	gove rise to imm couse (o), stofin underlying couse PART 2 OTHER SIGN 190. DATE OF OPERAT	ediate g the lost	DUE TO, OR (c) NDITIONS CC	AS A CONSEGUENT FOR WHICE	DUENCE OF	T NOT RELATED TO THE TER	ZOO AUTO	NO	20b. IF YE IN CERT Y	ES, WERE F IFYING CA	INDIN(GS USED OF DEATH? NO []
CERTIFICATION	gove rise to imm couse (o), stotin underlying couse PART 2 OTHER SIGN 190. DATE OF OPERAT 210. ACCIDENT WAS UND	ediate g the last HEICANT COI	DUE TO, OF (c) NDITIONS CC	AS A CONSEGUITING TO	DUENCE OF	T NOT RELATED TO THE TER	ZOO AUTO	NO	20b. IF YE IN CERT Y	ES, WERE F IFYING CA	INDIN(F DEATH?
4	gove rise to imm couse (o), storing underlying couse PART 2 OTHER SIGN 19a. DATE OF OPERAT 21a. ACCIDENT WAS UND OR CONTRIBUTING C	IFFICANT COL	DUE TO, OF (c) NDITIONS CC 19b. CONDI 21b. TIME O HOUR A./	AS A CONSECTION FOR WHICE	O DEATH BUT	T NOT RELATED TO THE TER	ZOO AUTO	NO	20b. IF YE IN CERT Y	ES, WERE F IFYING CA	INDIN(F DEATH?
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4	gove rise to imm couse (0), storin underlying couse PART 2 OTHER SIGN 190. DATE OF OPERAT 210. ACCIDENT WAS UND OR CONTRIBUTING CIFE ETHER NOTIFY MEDIC 21d INJURY OCCURR	IFICANT COL	DUE TO, OF (c) NDITIONS CC 19b. CONDI 21b. TIME O HOUR A.I	AS A CONSEGUITION FOR WHICE	DUENCE OF O DEATH BUT CH OPERATIO DAY YEAR 19	T NOT RELATED TO THE TER	ZOO AUTO	NO	20b. IF YE IN CERT Y	ES, WERE F IFYING CA	INDIN (NUSES C	F DEATH?
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4	gove rise to imm couse (o), storin underlying couse PART 2 OTHER SIGN 190. DATE OF OPERAT 210. ACCIDENT WAS UND OR CONTRIBUTING CIFF MEDIX 21d INJURY OCCURR WMILE NOT WHAT WORK NOT WHAT WORK AT WORD 220.1 certify that (1)	IFICANT COL	DUE TO, OF (c) 19b. CONDI 21b. TIME O HOUR A./ (AT HOME STR	AS A CONSEGUE AS	DUENCE OF O DEATH BUT CH OPERATIC DAY YEAR 19 19 19 19 19	ON WAS PERFORMED 21c. HOW INJURY OCCU	200 AUTO YES URRED ENTER NA	DPSY? NO III TURE OF INJURY CITY OR TOWN	20b. IF YE IN CERT Y IN ITEM 18	ES, WERE F IFYING CA 'ES PART I ORPA COUN	FINDING AUSES C	STAT
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DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and should be detached for use as the burial-transit permit. Then please remove carbonpapers, Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

Chas.A.Rice FSPA 1300 Eutaw Place

requires that the death certificate be executed within 24 hours after death. Page 4 m

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

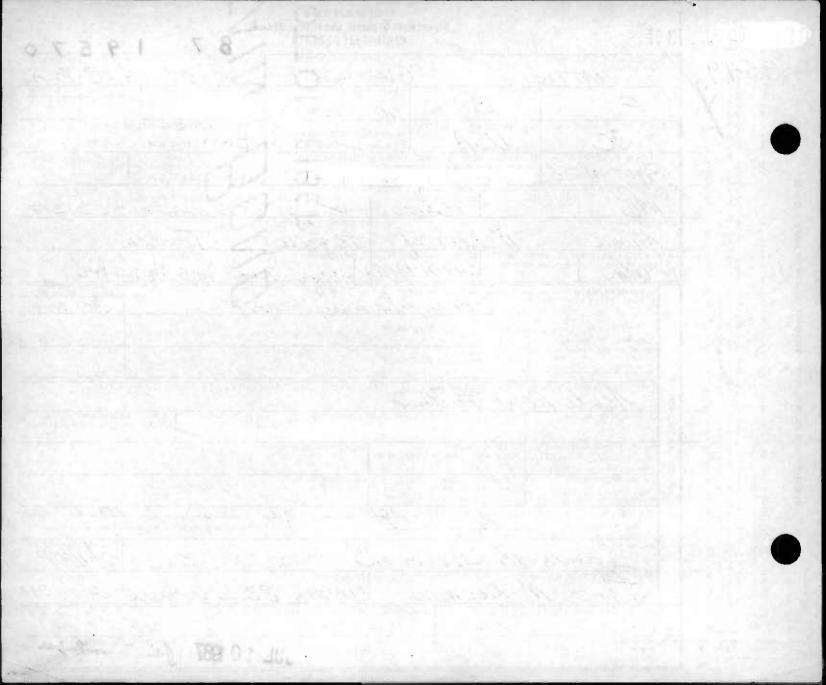
UL	33	REGISTRAR		CERTIFICATE OF DEATH	B REG. NO. 9	570
J		CEASED NAME FIRST	MIDDLE	(SAST	20 DATE OF DEATH MONTH DAY YE	AR 26 HOUR
X	3. SEX	T= (1717)	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER T	YEAR IF UNDER 24 HI DAYS HOURS MI
7	7a BIF	RTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF WHAT COUNTR	10 18 10	9. BANIMORE CITY OR COUNTY OF DEAT	TH
//		OUNTRY) SC	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	BAltimore Ci	ty.
8	10. CI	PAUTIMORE	11. NAME OF HOSPITAL, NUR HENOT IN SHICH FACILIEN SIVE STR UNIVERSIA	SING HOME OR OTHER INSTITUTION HEET ADMRESS! HCS PI +AL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUS UNEMBOOK OF WORKING LIFE)	nd of business (stry
25	13a. S	111)		SWN 13d. INSIDE CITY LIMITS?	2015 HARLEM AVE	121217
\mathfrak{X}	14. FA	THER'S NAME PIRST	MIDDLE MCKENTIC	15. MOTHER'S MAIDEN PRIST TSABELL	5 JOHNSON	LAST
	No.	(IF YES, G	RMED FORCES? 166 SOCIAL SE IVE WAR OR DATES) 24901	140681 Liggie	Ford 2015 HAVEM 1	Ave
		PART I. DEATH WAS CAUS	inly one cause per line for (a), (b), ED BY: ATE CAUSE (a)	ondicio pulmonares AR	RES!	PPROXIMATE INTERVAL WEEN ONSET AND DEAT
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		Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEC			
	ION	gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEC	DUENCE OF	rminal disease or condition given in Pa	RT Ita
2	TIFICATION	gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSECUTION (c) CONDITIONS CONTRIBUTING TO	DUENCE OF	RMINAL DISEASE OR CONDITION GIVEN IN PA 200 AUTOPSY? 200. IF YES, WERE F IN CERTIFYING CA YES YES YES YES	INDINGS USED
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DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The retoined by the hospitol or attending physicion.

BP.

FOR



BP.

DHMH - 16 60M 7/84

(VRA 15, 4)

06041

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2B '8	REGISTRAR				CERTIF	ICATE OF DEATH	8 NG.N	0.	9 4	7
	ECEASED NAME	FIRST		WIOOFE	i	AST	20 DATE OF DEATH	MONTH C	OAY YEAR	2h HOUR
	L ON PRINT)	CON	NIE M	. GALE			1 1 1	7/19/	/87	
3. SE	X		4 RACE		5. DATE C		6. AGE (IN YEARS LAST BI	THDAY)	MONIHS DATS	HOURS A
-	PEMALE		BLACI			15/27 YEAR	60yrs.	YRS		
	IRTHPLACE (STATE OF	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	NEVER MARRIED	9 BALTIMORE CITY		OF DEATH	
	RLINGTON		U.S.		WIDOWE	D DIVORCED	BALTO. C			
	ITY OR TOWN OF DE	ATH	HE NOT IN SUC	CH FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION .:	12a USUAL OCCUPAT			
	BALTO.	SING HOUS OR		ROUNDVIE		•	N/A		N/I	A
13a.	STATE	13b. COUN		13c. CITY OR TOW	'N	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ ZIP CODE	DD 0:	1005
14.5	MD ATHER'S NAME			BALTO.		YES NO	615 ROUNI	VIEW	RD. Z.	1225
11.6	FIRST		AIDDIE	LAST		FIRST	MIOOLE	T 37	LAST	
160	WAS DECEASED EVE		IOND BY	166 SOCIAL SECU	IDITY NO	17 INFORMANT	ILA MC CLA			
	(YES NO OR UNKNOWN)		WAR OR DATES	246		GENESIS GA			TEM DD	
	YES					GENESIS GA	TE OID KC	VONDV		MATE INTERVA
	18 CAUSE OF DEA	TH (Enter on) WAS CAUSE	y one couse per OBY:	line for (a), (b), an	101/	APTERY	NICON	0=	BETWEENO	NSET AND DE
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4	Conditions, if on		(b)_	HILLE	2103	CLEROTT	C 1176	45 E		
	gove rise to im couse (o), state		DUETO	R AS A CONSEQUE	ENCE OF					
	underlying cous		(5)	KAS A CONSEQUE						
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CERTIFICATION	190 DATE OF OPERA	MOIT	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDIN	
Ě							YES NOT		YING CAUSES (NO
1 8	210. ACCIDENT WAS UN	- Indiana	21b. TIME C			21¢ HOW INJURY OCCURE				
	OR CONTRIBUTING			M. MONTH DA	AY YEAR					
MEDICAL	21d INJURY OCCUP		21e. PLACE	OF INJURY		211 LOCATION				
₹	WHILE NOT W	MILE	(AT HOME, ST	REET, FACTORY, OFFICE F	ARM, ETC)	STREET	CITY OR TO)WN	COUNTY	STAT
	220.1 certify that (al) attended th	er deceased from		. 19	to		10 +	hat (1) (we
	saw the decea	sed alive an.	7/4	18 19	, 01	nd that in (my) (aur) apinion (death occurred on the d	ate and hour		
	22b. SIGNAMIRE	(did) (did not) view the body	ofter death.		DEGREE			22c DATE S	
	Paul	a (1	11/5	2.0		ATTENDING .	MEDICAL STA	FF _	7/3	MY
-	22d, PHYSICIAN'S N	AME	1	el		PHYSICIAN 22e ADDRESS	IRECTOR PHYSI	CIAN	1/21	/0/
	PAD 10	C TYPE OF	PRINT	-		LOC 3/ May 111	150 111.	1-		
_	10/11200	2 1)	216			lear Hamme	NUS LAN	E		
	BURIAL, CREMATION		23b. DATE			EMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN		COUNTY	STAT
	BUR	IAL	7/23,	/87 GI	ARRIS	ON FOREST	OWINGS N		MD.	
24 F	UNERAL DIRECTOR			AOORESS		25a. DAT	E REC'D. BY REGISTRAR	25b. REGISTI	RAR'S SIGNATU	JRE
I	LEROY O.	DYETT	4600	LIBERTY	HEI	GHTS UU	22 1987			

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20. DATE KNOWN ATH. IF ANY DELAY IS NECESSARY, PLEASE C. S.1. 2, AND 3 TO THE FUNERAL DIRECTOR. C. P.M. 3. RETAIN PAGE 5 FOR YOUR FILES. N. 2 SHOULD BE FILED. WITHIN 72 HOURS. C. TAILRECORDS, 201 W. PRESTON STREET, ESTI-DEATH MATED GREGORY GALL 6 1987 4. RACE IF UNDER 1 YR. 3. SEX 5 DATE OF BIRTH AGE (IN YEARS IF UNDER 24 HRS 20. DATE LAST BIRTHDAY) 11:37 PRONOUNCED 8 69 Male DEAD 19 87 White L CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! Baltimore City Maryland WIDOWED DIVORCED IB CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION STYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY Baltimore University Hospital Student USUAL RESIDENCE (IF INTHURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) PRESTON ST., BALTIMORE, MD. 21201 136 COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Westminster 2610 Coon Club Road21157 Carroll NOX T Md. 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Gall Nicholas Carol yn Trent 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166 SOCIAL SECURITY NO. ADDRESS 216-98-7636 Mrs. Carolyn Ferandes, Westm 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Cranio-cerebral trauma IMMEDIATE CAUSE (a) TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 28 EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN ENCLI IN IN PAGE & SHOULD BE FORWARDED TO THE CHIEF MEDICAL BAMINIES AT FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL TRANSIT FARTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYOUR BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATICS OF REPORTED THE PAGE 3 STATE DEPARTMENT OF THE STATE DEPARTMENT DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 19a, DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 😿 NO [21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR TO MONTH DAY YEAR UNDERLYING DOR HOUR XX. MONTH CONTRIBUTING CAUSE OF DEATH 8:55 P.M. 7-6-Operator of motorcycle/auto collision. 21e PLACE OF INJURY 211 LOCATION 21d. INJURY OCCURRED AT WORK AT WORK STREET, FACTORY, FARM, ETC. STATE road Rt. 23 & High Point Rd. Harford MD 228. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion death resulted Iron Undetermined monner TITLE (SPECIFY) ACTUAL Deputy 7-7-87 SIGNATURE EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St., Balto., MD 21201 (TYPE OR PRINT) 23t. NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL, CREMATION, REMOVAL STATE Burial 7-10-87 Holly Hill Mem. Park Baltimore BP 07/84 24. FUNERAL DIRECTOR **DHMH - 17** Funeral Home, Hampstead, Md.

(VR A15 ME (5))

(VRA 15, 4)

STATE OF MARYLAND

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8 / REG. N	10.	9	5	7	3
DATE OF DEATH	MONTH	DAY	YEAR Q-1	2b	HOUR 4

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ige 4 may be retar page 3 arathe death	1 31	M	A. RACE B 2 S. DATE OF BIRTH MONTH DAY YEAR 12 HOURS MIN. 1. RACE B 2 YEAR 12 HOURS MIN. 1. RACE B 2 YEAR 15 HOURS MIN.
death. Pag	2	SIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED SHOPE OF BALTIMORE CITY OR COUNTY OF DEATH WIDOWED W. DNORCED MD. 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. USUAL OCCUPATION 126. KIND OF BUSINESS OR
ors after	1	Baltimore	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE O WORK FOR MOST OF WORK FOR M
AND 21	3"	STATE D ITE COU	
MARY!	1	Kanford	Then Fill Fila Dambrill
be exected on a control of the contr		WAS DECEASED EVER TH U.S. AT	215-10-0739 Chort 22 Archie Street
ps, 201 W. PRESTON ST., BALI quires that the death certificate I signed by the attending physicic hen please remove carban papers to burial, cremation, ar remaval.	NO	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO
AL RECORDS, The low requir tion. It permit. Then tione print Then	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO
HOSPITAL OR ATTENDING PHYSICIAN: Vaned by the hospital or attending physic FUNERAL DIRECTOR: After this certificate boile be detached for use as the burial-trons this State Dept. of Health and Mental HygORTANT: If them 21 is marked or them 18 state Dept.	MEDICAL CERI	sow the deceased alive or	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 211. LOCATION SIREET CITY OR TOWN COUNTY STATE
BP		BURIAL, CREMATION, REMOVAL (SPECIFY)	8/1/87 Bato Cart. DATS DONO
DHMH - 16 60M 7/84	1	HIMERAL DIRECTOR - LAN'	FULLIAL ADDRESS 63 AS OF ANG 3 PB Auto Dender Redes

				STA	ATE OF MARYLAND				
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K		CEASED NAME PI		MIDDLE	LAST	20. DATE OF D			2h HOUR
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S S	14 F 4	THER'S NAME	Dar cimore	Dar crimore	YES NO K		Pleasan	t Plains	Rd. 21204
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	160 V	AS DECEASED EVER IN U		166 SOCIAL SECURITY NO			ADDRESS	Itau	
nedice			FYES GIVE WAR OR DATES)	218-09-9954	Mrs. Rose Ga	rdina	Same		
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+1			ost.	RASA CONSEQUENCE OF	leretic Go-	dio vo	scolor d	ise-se	4-5,
7. 9.	- (PART 2 OTHER SIGNIFIC	CANT CONDITIONS C	ONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERM	AINAL DISEASE	OR CONDITION (GIVEN IN PART Tra	
2 =	O N	M	eningit	5					
110	CERTIFICATION	190 DATE OF OPERATION	N 194 COND	ITION FOR WHICH OPERAT	ION WAS PERFORMED	20a AUTOF	SY? 20b. IF	YES, WERE FINDING	GS USED
11/2	I I						NON	YES 🗌	NO 🗆
18 sl		210. ACCIDENT WAS UNDERLY			21s. HOW INJURY OCCUR	RED (ENTER NATU	JROOF INJURY IN ITEM	IB PART 1 OR PART 2)	
tento l	WEDICAL	(IF EITHER NOTIFY MEDICALE	XAMINER) P.	M. 1					
W P D	(ED	21d INJURY OCCURRED		OF INJURY REET, FACTORY, OFFICE FARM, ETC.)	211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE
rked	2	AT WORK NOT WHILE			10 0)	112	C 7	
E		22a.1 certify that (I) (the	s hospital) attended th	e deceased from	, 19	, to	77	_, 19, tl	hot (I) (sue) lost
21 :		sow the deceased a	olive on (deat) view the body	19 27	and that in (my) (pure) opinion	death accurred	on the date and h	nour and from the c	ouses stated
Jept.		22b. SIGNATURE	New me sooy	Oner Geom	DEGREE			220 DATES	IGNED
- +		Hu	ur 2. 1	renzer /	M.D. ATTENDING	MEDICAL DIRECTOR	STAFF PHYSICIAN	111	12/87
Sto		226. PHYSICIAN'S NAME	(TYPE OR PRINT)		22e ADDRESS	. 1	<i>p</i> 1		10.
with the State		40	UIJ F	(-renzel	- 1101 N.	-14	Colve,	+ 5+.	
3 8	23a. E	SURIAL CREMATION REA			F CEMETERY OR CREMATORY	23d LOCAT			
		Burial	July	15, 1987 Bal	ltimore		imore	COUNTY	Md -
50M 7/B4	24 F	JNERAL DIRECTOR			25a. DA	TE REC'D. BY RE	GISTRAR 256 REG	ISTRAR'S SIGNATU	
15 4)		Leonard J. I	tuck Inc. P	altimore, Ma	rvland JU	L 1319	987	1 100 1	Λ .

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ert/d	es. Dare Cardian E	r #600-00-810		0.0
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Locused J. Lorek Inc. Baltisone, Barriond

07/84

DHMH - 17

BP

(VR A15 ME (5)

230 BURIAL, CREMATION, REMOVAL 236. DATE

Dura.

24 FUNERAL DIRECTOR

23¢ NAME OF CEMETERY OR CREMATORY

1701 Laurens

23d. LOCATION

STATE CA

JUL 24 1987 Devideon Randale

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MPORTANT

STATE	OF MA	RYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH

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2	2h	HOI

REGISTRAR 20. DATE OF DEATH MONTH DECEASED NAME FIRST PM July 16, 1987 G. Garton Agnes 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 4 RACE 5. DATE OF BIRTH IF UNDER 24 HRS 3. SEX MONTH YEAR Female. White 01/10/15 9 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Balto, Md. Delaware WIDOWED DIVORCED [NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION O CITY OR TOWN OF DEATH 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Baltimore Inns of Evergreen Northeast Unknown SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13e. STREET ADDRESS 130 STATE 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 5530 Bucknell Rd. MdBalto. 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME FIRST MIDDLE LAST FIRST MIDDLE LAST Unknown Unknown ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES 16h SOCIAL SECURITY NO 17 INFORMANT LYES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 221-10-7199 Unknown APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a))(b), and (c) PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE Canditions, if ony, which gave rise to immediate couse (a), stating **CONSEQUENCE** O underlying cause last. PART 2_DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN UP PART 110 CERTIFICATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190. DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? YES [NO YES [NO [710 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216, HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION CITY OR TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.1 STATE NOT WHILE WHILE 22a.1 certify that (1) (this hospital) attended the deceased/fram saw the deceased alive anand that in (my) (or) opinian death occurred an the date and hour and from the couses stated above, (1) (we).(did nat) view the body after death 226. SIGNATURE DEGREE 224 DATE SIGNED ATTENDING MEDICAL STAFF mo DIRECTOR PHYSICIAN PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS Dr. Albert Bradlev 4900 Belair Road Balto. Md. 21206

DHMH-16 60M 1/73

0

(VR A 15 (4))

Burial 24 FUNERAL DIRECTOR

23a. BURIAL, CREMATION, REMOVAL

Gary Fellows Box

FOR

- STATE

736 DATE

270

Millington

23c. NAME OF CEMETERY OR CREMATORY

Forest Cemetery

23d. LOCATION

CITY OR TOWN

Middletown

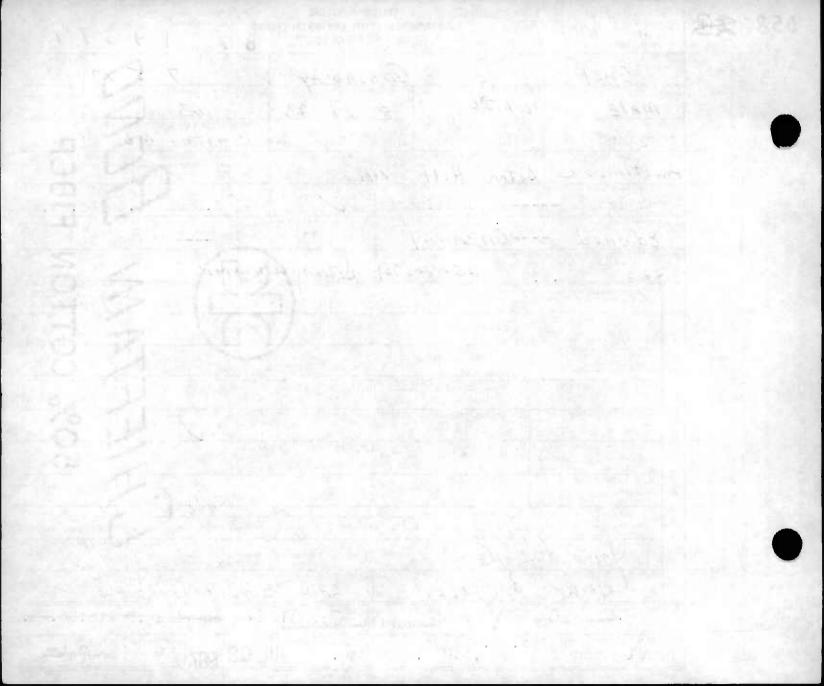
DE 250 DATE REC'D. BY REGISTRAR 25% REGISTRAR'S SIGNATURE Gulia Davidson. Kandass

COUNTY

STATE

	1	
MARYLAND 21201		
RAITIMORE	,	
PRESTON ST		
3		
201	}	
DIVISION DE VITAL RECORDS 201 W PRESTON ST RATTIMORE MARYLAND 21201		
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100000		Film G629,	Item #23a,b,c,d	STATE OF MAR	RYLAND		
058823	T	FOR) 7/7/87, r	ja DEPART	MENT OF HEALTH A		SIENE	0 - 7 7
		REGISTRAR		CERTIFICATE C	OF DEATH	8 7 REG. NO.	95//
		CEASED NAME FIRST	WIDDLE	LAST		20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
ay be age 3 death	(TYPE	CAPRINT) EAR!	6	GASSA	WAV	7	5 87 M
pod pod	3. SE		4 RACE	5. DATE OF BIRTH		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HRS
ge 4 sector,		MAIE	white	MONTH O	8 23	63	RS. MONTHS DATS HOURS MIN.
o + + + + + + + + + + + + + + + + + + +			TE CITIZEN OF WHAT COUNTRY	MARRIED NEV		9 BALTIMORE CITY OR COL	UNTY OF DEATH
eoth.	M	ary land	USA	WIDOWED	DIVORCED [BAITO	M D City MD
s ofter o	- 0	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI SIF NOT IN SUCH FACILITY. GIVE STREE LETON HILL		INSTITUTION	170 USUAL OCCUPATION (179E OF WORK FOR MOST OF WORK Bartender	12b. KIND OF BUSINESS OR INDUSTRY
BALTIMORE, MARYLAND 2 12 cote be executed within 24 hour principle ont contrated filled in per Foger ont 2 though the real.	13n 9	AL RESIDENCE (IF NURSING HOME OR LATE 136 COUN	TY 134-CITY OR TOV	NOTE YES	DE CAY LIMITS?	13, STREET ADDRESS / ZIP	St.Balto.Md.
old A	14 F	THER'S NAME		15 MOTH	HER'S MAIDEN NA		
A A A A A A A A A A A A A A A A A A A	100	Edward -	GASSAWA	V	Ella	WIODIE	VanMeter
C cte	16a V	VAS DECEASED EVER IN U.S. ARA		4	RMANT	ADDRESS	
on the day			2 215-18.			marry	
P P			**		700-71-		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
, BA		PART I. DEATH WAS CAUSED	y one couse per line for (a), (b) a	O A ROI	12/		10 W/C.
ST.		IMMEDIATI	E CAUSE (o)	inay -	11.1440)	10 wis.
or the second			DUE TO, OR AS A CONSEOL	JENCE OF			The same of the sa
death death		Conditions, if ony, which gove rise to immediate	(b)				
4		couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEOL	JENCE OF			
thai thai all of a			(c)				
RDS, 20 equires in signe to the plant to the plant injury.	NO	PART 2. OTHER SIGNIFICANT C	onditions <u>contributing to</u>	DEATH BUT NOT RELA	ATED TO THE TERM	NNAL DISEASE OR CONDITION	N GIVEN IN PART 110
IVISION OF VITAL RECORDS, 201 W. PRESTON ST OF PHYSICIAN: The law requires that the death cert otherding physician. Fer this certificate has been signed by a Off-ridin in s the burial-transit permit. Then please from colling and Mental Hygrene prior to burial, committeed or them 18 shows any injury, or other trigitibalit.	CERTIFICATION	19g DATE OF OPERATION	196. CONDITION FOR WHICH	HOPERATION WAS PE	RFORMED	200 AUTOPSY? 20b	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \textsquare NO \textsquare
VITAL (N. The hysicia cote h ronst) Hygie	E.	210. ACCIDENT WAS UNDERLYING	LIGHT A LL MONTELL C	21c. HOV	W INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITE	M 18 PART OR PART 2)
HYSICIAN: T ding physici burial-transforms Memal Hygin Memal Hygin are frem 18 sh		OR CONTRIBUTING CAUSE OF DEAT		PAY YEAR			
HYS] Iding Ins ce burn Mer ar Is	MEDICAL	21d INJURY OCCURRED	71e PLACE OF INJURY	21f. LOC	ATION		
VISION Then the the and ced ced ced ced ced ced ced ced ced ce	×	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE,	FARM ETC) S	TREET	CITY OR TOWN	COUNTY STATE
Oly Affe			ol) ottended the deceased from,	Tolle	10 87	to 7/5	19 87 that (I) (we) last
TEN TO OR THE THE		saw the deceased alive an	1/5 19	87 , and that in	(my) (our) opinion	death occurred on the date on	d hour and from the causes stated
OR ATTI OR ATTI DIRECT sched fo Dept. of firm 2	-	obove; (I)(we) (did) (did not 225 SIG LATURE	being the body after death.	DEGREE			III: DATE SIGNED
# the Co		Jame t	unzelan		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	7/6/67
TO HOSPITAL of retoined by the TO FUNERAL IS should be detoined in the Store of IMPORTANT. If		22d PHY I IAN'S NAME (TYPE OF	PILITALI.) 27e ADI	F2111 /	Labora B	et.md.
TO HOSsertained TO FUN with the	22.	V/I/FIC	100 VALAL	All the of Control	2019	·	40.1.0
		SURIAL, CREMATION, REMOVAL		NAME OF CEMETERY	OR CREMATORY	et Constion	le, Derlo Co Md
BP	$\overline{}$	urial	713 01070		100005	Baltimore,	Md.
DHMH - 16 60M 7/B4 (VRA 15, 4)		c Cully Funera	Home, 130 H	.Fort Ave	1 11	E REC'D. BY REGISTRAR 256 PRI	ha Davidson-Handall
	_					NATU	



	0 88	1	FOR STATE REGISTRAR			DEPARTI	MENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 7 REG. N	.1 9	5 /	8
10038	U JUL		EASED NAME EORPRINT) GL	ONO	C	e og h	gar	GEOGHEGAN	20. DATE OF DEATH		8 87	26 HOUR 455
ge 4 moy	s after de	3. SE	Female	2	4 RACE .	te	S. DATE C	DE BIRTH DAY JEAR JEAR JEAR JEAR	6. AGE LIN YEARS LAST BIR	THDAY)	MONTHS DAYS	IF UNDER 24 HRS
eoth. Pog	35		IRTHPLACE STATE OR COUNTRY)		76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE WIDOWE	D A NEVER MARRIED	9 BALTIMORE CITY O	R COUNT		MD
5/2	led with		mydrickhorde Baltimore	ATH	11. NAME OF	HOSPITAL, NURSING CHEACILITY, GIVE STREET	IG HOME C	or other institution	120 USUAL OCCUPATION OF WORK FOR MOST OF Retired-	ION OF WORKING LI	125. KIND O	F BUSINESS OR
22 hour	1 25		AL RESIDENCE (IF MURS	13b COUL		130. CITY OR TOW Balto.		13d. INSIDE CITY LIMITS? YES NO 1	13e.STREET ADDRESS 7258 Brid	ZIP CODE		
MARYL and with	1030	14 F.	ATHER'S NAME Austin		WIDDLE	Fergussor	n n	15. MOTHER'S MAIDEN N.			LAS	
MORE	Pages		WAS DECEASED EVER YES, NO OR UNKNOWN)		MED FORCES? (E WAR OR DATES)	219-18-9		Charles Geo	ADDRE ghegan 7258E		ewoodDri	ve 2122
thor the depth of the	ray on continuous pro- rate remarkon, or remov- ri after traumatic event-	1	Conditions, if ony, gave rise to immage (a), static underlying cause	AS CAUSE IMMEDIA which mediate ing the	DUE TO, C	OR AS A CONSEQUE	dio Sui	Kespiiata yclic O	y Arrest verdose.		67,147,14	MATE INTERVAL ONSET AND DEATH
RDS, 20	Then play to burning the burning of	NOI	PART 2. OTHER SIGN	VIFICANT (CONDITIONS C	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIV	EN IN PART In	X .
AL RECORDS	ove pro	THEATION	19g. DATE OF OPERA	TION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTI	S, WERE FINDING CAUSES	
DIVISION OF VITAL NG PHYSICIAN The otherding physician	the burial fram	MEDICAL CERTI	21d. ACCIDENT WAS UNITED OR CONTRIBUTING (IF EITHER, NOTIFY MEDITAL OCCUR)	CAUSE OF DE	21e PLACE		AY YEAR 19 ARM, ETC)	216 LOCATION STREET	RED (ENTER NATURE OF INJU		PART 1 OR PART 2)	STATE
OR ATTENDING	Ched for use on Dept of Health		22a. I certify that (I) saw the decease above, (I) (we) (c	(this haspi		19_	or or	d that in (my) (aur) apinian		ate and hau		
O HOSFITAL	should be with the State		22d. PHYSICIAN'S NA	incy	2/1	9	7 "	ATTENDING PHYSICIAN 22e ADDRESS Francis	Scott Ke	IAN	dicol	Con

Parkwood Cemtery

7/21/87

Connelly Funeral Home of Dundalk

Baltimore Maryland

DHMH - 16 60M 7/B4 (VRA 15, 4)

Burial
24 FUNERAL DIRECTOR

BP_

060380 M 2287

Killey Systems Com

Mary Chang Mr.

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

REG. N	10.	9	2	/	7
OF DE ATH	MONTH	DAY	YEAR 87	2h H	OUR 101

	FOR STATE REGISTRAR		HEALTH AND MENTAL HYGI FICATE OF DEATH	IENE 8 7 REG. NO	195	7 9
S. SEX	RTHPLACE (STATE OR FOREIGN 76)	Black MONI	PED NEVER MARRIED DIVORCED DI	6 AGE (** YEARS LAST BIRT	YRS MONTHS DAYS	
USÜA 130. S	ALT RESIDENCE IF NURSING HOME OR OT STATE 13b. COLUND	(IF NOT IN SUCH FACILITY, GIVE STREET AGORESS) HER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13c. CITY OR TO WA	134. INSIDE CITY LIMITS?			2175
1	HER'S NAME FIRST MIE VAS DECEASED EVER IN U.S. ARME	DOLE MASI ASI ASI DE FORCES? TIES SOCIAL SECURITY NO	15. MOTHER'S MAIDEN NAM	AE MIDDLE L	110363	AST 207
NO	I8 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost	BY Charles I	MI T NOT RELATED TO THE TERM	INAL DISEASE OR CONI	wr	EXEMPLE INTERVAL NONSET AND DEATH White the second of the
MEDICAL CERTIFICATION	19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 12a.1 certify that (I) (this haspital sow the deceased alive on obove, (I) (we) (did (did,not)) 22b. SIGNATURE 22d (PHYSICIAN'S NAME (TYPE OR P	P.M. 19 21e PLACE OF INJURY 1AT HOME STREET FACTORY OFFICE, FARM ETC.) 1) ottended the deceosed from 7 12 19 à 7 , conserve the body ofter death.	21c HOW INJURY OCCURR	7 . 10 7 12 death occurred on the do	vivi COUNTY 19 7 21c and hour and from the	STATE state , that (It (we) lost
230 B	SUBJUL, CREMATION, REMOVAL SPECIAL OPERAL PRECEDOR KENTER LUCCO	236. DATE 17-87 BALT	CEMETERY OR CREMATORY WHE CINCIPLY LORKE 250. DATA JURKE 300.	234 OCATION CILY OF 10 ON FREC'D. BY REGISTRAR IL 161987	25b. REGISTRAR'S SIGNA Julia Dividion	ATURE Randaes

DHMH - 16 60M 7/84 (VRA 15, 4)

IMPORTANT: If them 21 is marked or Item 18 shows any injury, or other traumatic event, the

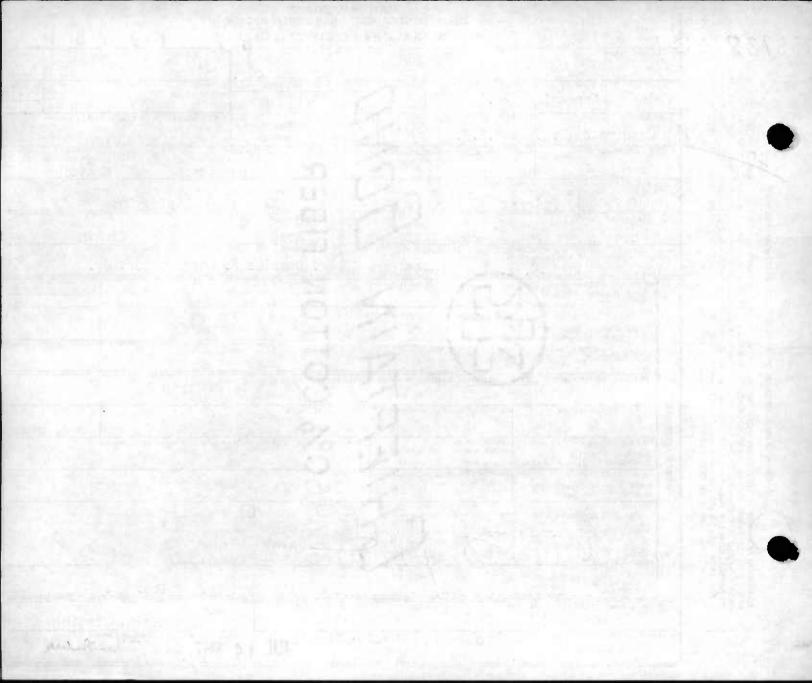
STATE OF MARYLAND

1	FOR		DEPARTM	NENT OF H	EALTH AND MENTAL HYG	IENE				
	STATE REGISTRAR			CERTIF	ICATE OF DEATH	8	REG. NO.	1 9	5	8 0
8	ASED NAME FIRST	,	AIDDLE	L	AST	20. DATE OF		INTH DAY	YEAR	26 HOUR
12	JEAN			GE	RVAIS	TIIT.V	18,19	287		5:00 A
SE		4. RACE		5. DATE C			EARS LAST BIRTHDA		NDER I YEAR	
	Female	White	е		ot. 6 ^{AY} 1920 ^{EAR}	66		YRS.	HS. DATS	HOURS MIN.
	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8		9 BALTIMO	RE CITY OR C		DEATH	
ľ	New York	USA		WIDOWE	D NEVER MARRIED D DIVORCED	BAI	LTIMOR	RE CE	ity	MD.
0 C1	TY OR TOWN OF DEATH			G HOME C	OR OTHER INSTITUTION	12a. USUAL C	OCCUPATION			OF BUSINESS OR
	BALTIMORE	THE J	OHNS HO	PKINS	S HOSPITAL		rical	ORKING LIFE)	NDUSTRY	
13e. S	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION.			13d INSIDE CITY LIMITS?	13e STREET A	ADDRESS / ZI	IP CODE		
	Md. Bal	to.	"Middiek	iver	YES NO		Treday		ad 21	220
4. F.A	THER'S NAME FIRST	MIDDLE	LAST	- 0	15. MOTHER'S MAIDEN NAM	ME	MIDDLE		LAS	
)	Lee		ervais		Viola		MODULE	Corn		51
	VAS DECEASED EVER IN U.S. AR	MED FORCES?	16b. SOCIAL SECU		17 INFORMANT	700	ADDRESS		7 01	1000
	IS, NO OR UNKNOWN) (IF YES, GN	E WAR OR DATES)	213-26-	3396	Fred Robbins	s /22	7 Treda	avon R	d. 21	L220
171	18 CAUSE OF DEATH (Enter or	ly one cause per	line far (a), (b), and	I (CL) C		1			APPROX	ONSET AND DEATH
51	PART I. DE ATH WAS CAUSE	D BY: TE CAUSE (a)	Electron	/	MEAL DUSOR	inten				ly.
81	IMMEDIA					1.0		1	1	1
91	Canditions, if any, which	DUE TO, OF	RAS A CONSEQUE	NCE OF	1. L. Carolina	.161	Jut.	ANSIA		3 his.
	gave rise to immediate	(b) 0	IT MESELT	1000 10	wird Bogingg a	1 010	N - 1100	MOSUR	V.	
	cause (a), stating the underlying cause last.	DUE TO, OF	R AS A CONSEQUE	NCE OF		/				
		(c)								
z	PART 2. OTHER SIGNIFICANT	CONDITIONS CO	INTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE	OR CONDITI	ON GIVEN I	N PART III	0
CERTIFICATION	90 DATE OF OPERATION	Ties control	TION FOR WALK	0050 + \$10	N WAS PERFORMED	In	0642	N 15 166 14		
5	7-17-87.	198. CONDI	sphag	0-	N WAS PERFORMED	200 AUTO		Db. IF YES, WI V CERTIFYING		OF DEATH?
RT	1		1 / 1		101 11011111111111111111111111111111111	YES	NO	YES []	NO 🗌 .
0	710. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA			Y YEAR	21c. HOW INJURY OCCURR	ED (ENTERNAL	TURE OF INJURY IN	ITEM IS PART I	OR PART 2)	
CA	(IF EITHER, NOTIFY MEDICAL EXAMINER	P./		19						
AED	21d. INJURY OCCURRED	21e PLACE (OF INJURY EET, FACTORY, OFFICE, FA	RM ETC)	211. LOCATION STREET		CITY OR TOWN		COUNTY	STATE
-	WORK NOT WHILE AT WORK						7 . 5		*** 7	
	22a.1 certify that (1) (this haspi	tal) attended the	e deceased from	7-	15 1987	, ta	+-18	19	8 F.	that (I) (we) last
	saw the deceased alive an above, (I) (we) (did) (did no	t) view the hady	ofter death	8+1, on	d that in (my) (aur) apinian o	leath accurred	d on the date o	and haur and	d Iram the	causes stated
	226. SIGNATURE	r n	1	[DEGREE				22c. DATE	SIGNED
	Hary	(, /	lann	2	ATTENDING PHYSICIAN	MEDICAL	STAFF PHYSICIAN	the	7	-18-87
	22d. PHYSICIAN'S NAME (TYPE C	R PRINTI			22e ADDRESS	DIRECTOR	THISICIAN	7	,	
	GARY	C. M.	ARRONG		Johns	Hopk	tins	Hosp.	eta/	
30 B	URIAL, CREMATION, REMOVAL	23b DATE	23c N	AME OF C	EMETERY OR CREMATORY	23d LOCA	TION			
,	Burial	7/21/8	37 Wo	odlaw	n Cemetery	CITY	JH IUWN		MOKO	Maryland
4 FL	INERAL DIRECTOR				250 DATE	REC'D. BY RE	EGISTRAR 256.	REGISTRAR	SSIGNAT	TURE YLANG
Co	onnellyFuneralH	ome 300N	ADDRESS	21221	11	11 0 1	1007	mile of	Teolder	D. 1
	4					11-6-1	112/	mouldy of	71000000	V. Condana

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT, If lies 21 is morked or lies 18 sho

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

10	REGISTRAR				CERTIF	ICATE OF	DEATH	8 / RI	FG. NO	7	2	0 4
	CEASED NAME OR PRINT)	FIRST	A	AIDDLE	ı	AST					AY YEAR	26. HOUR
(int	OK PRINT)	Be	essie	E.	Gi	bson				72	487	
3. SE)	<		4. RACE					6. AGE (IN YEARS I	AST BIRT			
	Female		White		06/	21/88	YEAR	99		YRS.	ONTHS DAYS	HOURS MIN.
	RTHPLACE (STATE OR F	OREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	□ NEVE	MAAPPIED X	9 BALTIMORE C	ITY OI	COUNTY	OFDEATH	
	Maryland		U:	SA				Baltir	nore	2		MC
	TY OR TOWN OF DEA	1000	(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)			12a USUAL OCC (TYPE OF WORK FOR	UPATION MOST OF	ON WORKING LIFE	12b. KIND (INDUSTRY	
			The Uni	ON MEMOR	ADMISSION)	OSD1 ta		Home	iica.	III.		
13a. S				HECITY OR TOW	N	13d. INSIDE	NO [13e STREET ADDI	RESS /		s Aver	nue 2120
14 FA	THER'S NAME		WDD F	LAST		15 MOTHE				0		
		nvill	e Gibson	n			Emma H	amilton	DULE		LA	31
160 V	VAS DECEASED EVER	IN U.S. AR	MED FORCES?		RITY NO.	17 INFORA		-	ADDRE:	SS		
	res, no or unknown) No	(IF YES, GIVI	E WAR OR DATES)	218 78	0876	The	Wesley	Home 221:	1 W	. Roge	ers Ave	21209
NO	Conditions, if any, gave rise to imm couse (o), statin underlying cause	which nediate g the last.	DUE TO, OI (b) DUE TO, OI (c) ONDITIONS CC	RAS A CONSEQUE	NCE OF	NOT RELATI	ED TO THE TERM	iinal Disease Or	CONE	DITION GIVE	N IN PART 1	10
CERTIFICATION	190 DATE OF OPERAT	ION						200 AUTOPSY	?			
TI								YES NO		YES		NO 🗌
MEDICAL CE		AUSE OF DEA	TH HOUR A.	M. MONTH DA	Y YEAR			RED (ENTER NATURE	SE INJUR	Y IN ITEM T8 PA	RT 1 OR PART 2}	
MED	21d. INJURY OCCURE WHILE AT WORK AT WORK	HLE []			ARM, ETC)			CIT	Y OR TOV	VN	COUNTY	STATE
	saw the decease above, (M(we) (c 22b. SIGNATUS) 22d PHYŞICIAN'S NA	Ressie E. Gibson Restie E. Gi										
	GURIAL, CREMATION, Cremation	REMOVAL						CITY OF TO	MW	. Balt	COUNTY	Md - STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

to FUNERAL DIRECTOR... thould be detached for use with the State Dept. of Hen PORTANT, If them 21

Burgee-Henss Funeral Home 3631 Falls Road 21211

20.00

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

T	R	REGISTRAR				CERTIF	ICATE OF D	KAIN	REG. NO) 7	2 0	
Ì		ASED NAME	FIRST		AIDDLE	Į.	A5T		20 DATE OF DEATH	нтиом	DAY YEAR	26 HOUR
1	(TYPE OR	Car	rroll	F		Gil	bson		1	7 8	1987	^
Ì	3. SEX			RACE	776	5. DATE C			6. AGE LIN YEARS LAST BIR	THDAY)	IF UNDER TYEAR	IF, WINDER 24 HRS
1		male	1000	Black	(MONTH 9	6	1931	55	YRS	MONTHS	HOURS MIN.
j	A BIRTI	HPLACE (STATE OF	FOREIGN	b CITIZEN OF	WHAT COUNT	RY? 8	D NEVER N	ADDIED [9. BALTIMORE CITY O	R COUNT	Y OF DEATH	
4	COL	HPLACE (STATE OR I		USA		WIDOWE	D DN	ORCED 🖔	Baltimo			Mc
		Baltimor	e	2528	Harlem	Ave.	OR OTHER INST	ITÚTION	(TYPE OF WORK FOR MOSTO Retired			OF BUSINESS OR
1	13e STA	Md	13b COUN	OTHER INSTITUTION	Baltim	OWN OPE	13d. INSIDE CI YES 📉	NO 🗌	130 STREET ADDRESS . 2528 Har	ZIP COD	venue	21216
		ar i ori		AIDDLE	Gibs	on		MAIDEN NAM	WE		Calha	oun
1		S DECEASED EVER			166 SOCIALS	ECURITY NO.	17. INFORMA	NT	ADDR	SS		
	{YES	Yes	(IF YES GIVE	217-24-		-6090	Denis	e Gi	bson 2528 H	Avenu	Avenue	
	18	PART I DEATH W	AS CAUSE	DW	line for (a), (b)			-				ONSET AND DEATH
		Conditions, if any	, which		r as a conse H epati c	OUENCE OF metast	tases				1.0	months
ı		gove rise to imicouse (a), statir underlying couse	ng the	DUE TO, O	rasaconse Colon						10	months
		Renal fa					NOT RELATED	TO THE TERM	INAL DISEASE OR CON	DITION GI	VEN IN PART 1	O
	CERTIFICATION	DATE OF OPERA	TION	196. COND	ITION FOR WH	IICH OPERATIO	N WAS PERFO	RMED	200 AUTOPSY?	IN CERTI	S, WERE FINDI IFYING CAUSES ES	
2		OR CONTRIBUTING	CAUSE OF DEA	in l	M. MONTH	DAY YEAR	21c. HOW IN	JURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18	PART I OR PART 2)	
	W W	1d. INJURY OCCUR		21e PLACE		ICE, FARM, ETC.)	216 LOCATIO	N	CITY OR TO	IWN	COUNTY	STATE
	ı ⊢	28.1 certify that (1) sow the decease above (1) (we) ((this hospit	1			and that in my	, 19 86 (our) opinion (death accurred on the d	ote and ha	, 19 <u>87</u> ur and from the	tho () (we) los
	2	2b. SIGNATURE	W-	Cad-	arrer dearn.		DEGREE A	TTENDING PHYSICIAN 5	MEDICAL STA		7/8/	SIGNED
	2	26 PHYSICIAN'S N	AME (TYPE O	PRINTI			22e ADDRES	S				
		Scott	Kaufma	nn			600 N	. Wolfe	Street			
	23a BU	RIAL, CREMATION,	REMOVAL	23b. DATE		23c. NAME OF C		REMATORY	23d LOCATION		COUNTY	STATE.
		Buria	1	7/11	/87	Arbutus	Mem F	ark	Arbutus			Md
		VERAL DIRECTOR			ADDRE	\$6.		25a DAT	40	25b REGIS	Draidson.	Parlace
	V	Vm C Marc	h F/H	Wes	t 4300	Wabash	Avenue	JUL	10 1027	0		

DHMH - 16 60M 7/84 (VRA 15, 4)

etained by the haspital

BP.

STATE OF MARYLAND FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

21. REGISTRAR		CERTIFICATE OF	DEATH	REG. NO.	3	
FORCEASED NAME FIRST	MIDDLE	LAST		20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR
Marie	L.	Giddins		July 18, 1987		9:56p
3. SEX	4 RACE	5 DATE OF BIRTH		AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HR
Female	Black	~97/10/17°	YEAR	69 YRS	MONINS DAYS	HOURS MIN
70 BIRTHPLACE (STATE OR FOREIGN COUNTRY) Virginia	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER	MARRIED	Baltimore C	ity of DEATH	,
10. CITY OR TOWN OF DEATH Baltimore	Mary Tand Gener			120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING		OF BUSINESS C
USUAL RESIDENCE (IF NURSING HOME O 130 STATE 136 COU		N 113d INSIDE	CITY LIMITS?	13. STREET ADDRESS / ZIP CO	DE St. 212:	29
14 FATHER'S NAME FIRST LOUIS	Tankard LAST		S MAIDEN NAM	MIDDLE Tankaro	1 LAS	đ
16a WAS DECEASED EVER IN U.S. AI (YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? 166 SOCIAL SECU IVE WAR OR GATES)			ADDRESS 51 Gwynn Ave.	21229	
18 CAUSE OF DEATH (Enter of PART), DEATH WAS CAUS	nly one couse per line for 10), (b), one ED BY: Pulmonary	Edema, con	ngestiv	e heart failur	APPROXI BETWEEN	MATE INTERVAL ONSET AND DEAT

	ly one couse per line for 101, (b), and the dema, congestive heart failure E CAUSE (a)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Canditions, if ony, which	DUE TO, OAS ate Systematical Infarction	
gove rise to immediate cause (0), stating the underlying cause lost.	DUE TO, O LASA CONTENUENCE OF	

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

O	Lung Ma	SS					
FICAT	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?		
Ē				YES NOF	YES 🗌	NO [
AL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21¢ HOW INJURY OCCURRE	D (ENTER NATURE OF INJUR			
MEDI	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOV	wn COUNTY	STATE	

220 I certify that (I) (this haspital) attended the deceased from saw the deceased alive an July 10, saw the deceased alive an and that in (my) (aur) apinion death accurred an the date and haur and from the causes stated obave, (1) (we) (did) (did not) view the bady ofter death

226. SIGNATURE 22c. DATE SIGNED DEGREE ATTENDING STAFF MEDICAL

Mt. Calvary Cem.

22d PHYSICIAN'S NAME (TYPE OR PRINT) MIN

Burial

22e ADDRESS

DIRECTOR PHYSICIAN

Brooklyn

	C. Ravi, H.D	•		6/0	Maryrand	dellerat	HOPPICA
				_			
RURL	AL CREMATION DEMOVAL 2	2h DATE	234 NAME OF CEA	AETERY OF	CDEAN ATODY 23	HIOCATION	

24 FUNERAL DIRECTOR Chas.A.Rice FSPA 1300 Eutaw Pl.

7/24/87

BY REGISTRAR 256 REGISTRAR'S SIGNATURE

A.A.

DHMH - 16 60M 7/84 (VRA 15, 4)

prior permit.

for use as the burial-tronsit per of Health and Mentol Hygiene

certificote hos

O FUNERAL DIRECTOR.

haspital

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	Death .		
gast weak Prio		4201 U	
Legal Soft Time.	med has lyttak		
don'ts as extent. I work	d e l'ex	. 65	
Server de la company de la com	12 917	114.57	
Mark The Court of			
Demilia Press even e suy percent.			
844	ž		
to the second of	عاملة لم .		
	102		
		1 4 5 1	

THE STATE OF THE S

ly filled in by the funeral director, page 3 should be filed within 72 hours ofter death

injury, or oth

should be detached for use as the burial-transit permit. Then g with the State Dept. of Health and Mental Hygiene prior ta bu TO FUNERAL DIRECTOR: After this certificate has been

IMPORTANT: If Item 21 is marked or Item 18 shows ony

	1	
059144	FOR STATE	DEP

STATE OF MARYLAND ARTA

MENT OF	HEALTH	AND MENTAL	HYGIENE
CERTI	FICATE	OF DEATH	8

013	FOR STATE REGISTRAR		DEPART		EALTH AND A		B 7	REG. NO.	9	5 0	3
1. DEG	CEASION MEA EN	LIZABETH ETH	A.		EMANN EMAN		24. DATE OF	FDEATH MC	DAY	YEAR 87	10:30 PM
3. SE	x	4 RACE		5. DATE O			6. AGE IN	EARS LAST BIRTHD		UNDER I YEAR	
	FEMALE	CAUCA	SIAN	3 MONTH	2	92	95	5	YRS.	VIHS DAYS	HOURS MIN.
	RTHPLACE (STATE OR FOREIG	N 76. CITIZEN OF	WHAT COUNTRY	? 8 MARRIEI	NEVER M	ARRIED -	9. BALTIMO	RE CITY OR	COUNTY O	DEATH	
	ARYLAND	U.	S.A.	WIDOWE		ORCED	BALTI	MORE	CITY		MD.
	ALTIMORE	(IF NOT IN SU	HOSPITAL, NURS CHEACILITY, GIVE STREE SAINT	ET ADDRESS)		ITUTION		OCCUPATION IN FOR MOST OF W EWIFE	ORKING LIFE)	INDUSTRY	MAKER
13a. S	AL RESIDENCE (# NURSING HO STATE 13b. (OME OR OTHER INSTITUTION	136. CITY OR TO	WN	13d INSIDE CI			ADDRESS / Z		ve	21215
14. FA	THER'S NAME	WIDDLE	LAST			MAIDEN NA	ME	MIDDLE		- 14	121
P	HILLIP		SCHAEFF	ER	ELIZ	ZABETH		A.		AUSEL	NBERGER
	VAS DECEASED EVER IN U. YES, NO OR UNKNOWN) (#)	S. ARMED FORCES? (ES, GIVE WAR OR DATES)		4627	Marga						New Yor
No	PART I. DEATH WAS C IMM Conditions, if any, whis gove rise to immedia cause (a), stofing t underlying cause la PART 2. OTHER SIGNIFIC	DUE TO, C ch	DR AS A CONSEQUENCE ON TRIBUTING TO	UENCE OF	olygonor RELATED	TO THE TERM	Aven	Pile.	WY)	IN PART I	10
CERTIFICATION	19a DATE OF OPERATION	19b. CONE	OITION FOR WHIC	H OPERATION	N WAS PERFO	RMED	20a AUTO	1		NG CAUSES	S OF DEATH?
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EX	OF DEATH HOUR A	OF INJURY I.M. MONTH I	DAY YEAR	21c. HOW IN.	IURY OCCURR	YES	ATURE OF INJURY II	YES [NO []
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	LAT HOME, S	OF INJURY IREET, FACTORY, OFFICE	FARM ETC)	211 LOCATIO	N		CITY OR TOWN	4	COUNTY	STATE
	220.1 certify that (1) (this saw the deceased ali abave, (1) (we) (did) (c	ve on July	1 3 19	1	d that in (my)	(aur) opinion	death occurre	ed on the dole	and hour a	nd from the	that (I) (we) last e causes stated
	226. SIGNATURE	ele	1	,	P	TTENDING THYSICIAN	MEDICAL	STAFF PHYSICIA	и	7	8/67
	22d PHYSICIAN'S NAME	EN RE!	DER M.	0-	744.	5 FURI	NACE	BLA	west,	Rd, G	1/2/06/.
23a. B	SURIAL CREMATION REMA	OVAL 236 DATE	230	NAME OF C	EMETERY OR C	REMATORY	23d, LOC/	ATION	1	1 41	

DHMH - 16 50M 4/83 (VRA 15, 4)

BURIAL

7/10/87

Cedar Hill

Brooklyn

Md. State

Raymond C. Fink Glen Burnie, Md. 21061

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• Allert State of the state of

other traumatic event

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MPORTANT: If Hem 21 is marked or Hem

CERTIFICATION

MEDICAL

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE 23 MGISTRAR		on it		CERTIFICA	TE OF DE	ATH	8 / REG. !	10 9	2 0	, 0	
). DECEASED NAME (TYPE OR PRINT)	THOM	AS	MMI	GIL	_		26. DATE OF DEATH	7 15	S 87	26 HOU	JR 25 1
3. SEX MA	E.	1. RACE	tek	5. DATE OF BIR	TH	2 AR	6. AGE (IN YEARS LAST B	_	FUNDER I YEAR	R IF UNDER	R 24 Hs
COUNTRY	TE OR FOREIGN		OF WHAT COUNT	RY? 8. MARRIED WIDOWED		RRIED TO	BALTIMORE CITY	CLTY	OF DEATH		,
10. CUTY OR TOWN OF			OF HOSPITAL NU	RSING HOME OF OT	HER INSTITU	UTION	12-HST7AL OCCUPA	ION	12h KIND	OF BUSIN	ESS C

1	North Cardina	USA	WIDOWED	DIVORCED	BALT. CLTY	MD
Y	DALT, more	(IF NOT IN SUCH FACILITY, GIVE STE			USUAL OCCUPATION E OF WORK FOR MOST OF WORKING LI	12b. KIND OF BUSINESS OR INDUSTRY
10 40	MANY/AND 136. COUN	OTHER INSTITUTION, GIVE RESIDENCE BE		DE CITY LIMITS? 13e S	STREET ADDRESS / ZIP COD	ARD 51229
	14. FATHER'S NAME FIRST LOWR	NMI GIL		HER'S MAIDEN NAME	MIDDIE	PITES
	160 WAS DECEASED EVER IN U.S. AR (YES, NO GRUNNOWN) (# YES, GIV	MED FORCES? 16b. SOCIAL SI 243-9	6684Mr		ADDRESS 1750 Linna	d st.sizz
	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT		MACHONICA .	ADDREST		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gove rise to immediate	DUE TO, OR AS A CONSE	TRUTTUR PE	PICARDITIS		
	couse (a), stoting the	DUE TO, OR AS A CONSE	QUENCE OF			

underlying cause lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0

19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY 20b IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH? NOF YES [NO [210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER) P.M

21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION STREET CITY OR TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE, FARM ETC } NOT WHILE

220.1 certify that (1) (this haspital) attended the deceased from and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated

ATTENDING

MEDICAL

STAFF

saw the deceased alive an 7-15 abave, (1) we) blid (did not) view the body after death 22b. SIGNATURE DEGREE 220 DATE SIGNED

DIRECTOR PHYSICIAN 22e. ADDRESS

24 FUNERAL DIRECTOR

DHMH - 16 60M 7/84 (VRA 15, 4)

	}
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	b
+ (-
NG PHYSICIAN: The low requires that the death certifical bit are that within 24 hours after areat. Plage 4 may be	1
ottending physicion.	4
fter this certificate has been signed by the attending physics, and unaltedly filled in by the funeral director page 3 as the burial-transit permit. Then please remove carban pages is a day should be filed within 72 hours after death	5

AUG -

injury, or other traumotic event, th

and Mental Hygiene prior to burial, crematian, or shows ony in CTATE OF MADVEAND

					21 A I	E UF MAKTLAND					
518	FOR TSTATE REGISTRAR			DEPARTA		ICATE OF DEATH	B / REG.	9	5 8	1	
	CEASED NAME	FIRST		MIDDIE		AST	20 DATE OF DEATH	MONTH	DAY YEA	R Zh HO	UR
(TYPE	E OR PRINT)	Cathe	erine	Ruth	GII	LASPIE	July 27	, 198	37	4:0	00
3. SE	Х	4	RACE		5 DATE C		6. AGE (IN YEARS LAST !	BIRTHDAY	IF UNDER TY		R 24 HRS
	Femal	e	Whit	e	Ju		58	YRS.	MONTHS DA	HOURS	WIN
101 0		OR FOREIGN 7	CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNT	OF DEATH		
)	COUNTRY	and	USA		WIDOWI	-	Baltin	ore (ity		N
10. C	ITY OR TOWN OF	DEATH 1				OR OTHER INSTITUTION	120 USUAL OCCUPA			D OF BUSIN	IESS O
1	Baltimor	ce	2627	Rittenh		Ave., 2123	Homemak			mesti	ic
	AL RESIDENCE IF N	URSING HOME OF O		GIVE RESIDENCE BEFORE		113d. INSIDE CITY LIMITS?	13e STREET ADDRESS	Z ZIP CODE		212	230
	aryland	1200000		Baltim		YES NO	2627 Ri		ouse	Ave.	
14 F/	ATHER'S NAME					15. MOTHER'S MAIDEN NA					
	FIRST	-/	DDLE	Walla	ce	Pearl	MIDDLE		Rea	dy	
	WAS DECEASED EV			166 SOCIAL SECU	IRITY NO.	17 INFORMANT	ADD	RESS	Same	as 4	113
- {	YES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	212-24	-790	Mr. Charl	es E. Dav	is. J			, ,
	PART I. DEATH	I WAS CAUSEĎ IMMEDIATE	CAUSE (o)	IR AS A CONSEQUE	nate	my to cere	cancer	ally	CO	NCW	LN
	gove rise to couse (o), sto underlying co	immediate ating the	DUE TO, O	R AS A CONSEQUE	ENCE OF						
N C	PART 2 OTHER S	IGNIFICANT CO	DIDITIONS &	MI WILL	DEATH BUT	NOT RELATED TO THE TERM	AIN AL DISEASE OR CO	NDITION GIV	EN IN PAR	110	
CERTIFICATION	190 DATE OF OPE	RATION	196 COND	ITHON FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTI		DINGS USE SES OF DEA NO [ATH?
	210. ACCIDENT WAS OR CONTRIBUTING (CAUSE OF DEAT	n		AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF IN	JURY IN ITEM 18	PART TOR PART	2)	
MEDICAL	21d INJURY OCC			OF INJURY REET FACTORY, OFFICE F	FARM, ETC }	211 LOCATION STREET	CITY OR	TOWN	COUNTY		STATE
	sow the dece	(1) (this hospital cosed plive on_ c) (did) (did not)	gune	deceased from_ 1519	87.	nd that in (my) (our) opinion	death occurred on the	date and hor	19 87	the couses s	(
	22h SIGNATURE	Herry			mis	PHYSICIAN [MEDICAL ST	AFF	221 D	ATE SIGNED	189

should be detached for use as the burnal-transverted to use as the burnal-transverted by MAPORTANT: If them 21 is marked or Item 18 TO HUSPITAL OR ATTENDIN TO FUNERAL DIRECTOR: A 224. PHYSICIAN'S NAME (TYPE OF PRINT) Williams, M.D.

MEDICAL DIRECTOR Hospi tal Wolfe

Baltimore,

230 BURIAL, CREMATION, REMOVAL 236 DATE Burial

23c NAME OF CEMETERY OR CREMATORY

North

23d LOCATION Howard,

24 FUNERAL DIRECTOR

Homes Ralto Funeral

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 1987

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

ATTENDING PHYSICIAM, The

IO HOSPITAL

n and completely filled in by the funeral director, page 3. Pages 1 and 2 should be filed within 72 hours after death

off be executed within 24 hours ofter death Page 4 may be

STATE OF MARYLAND

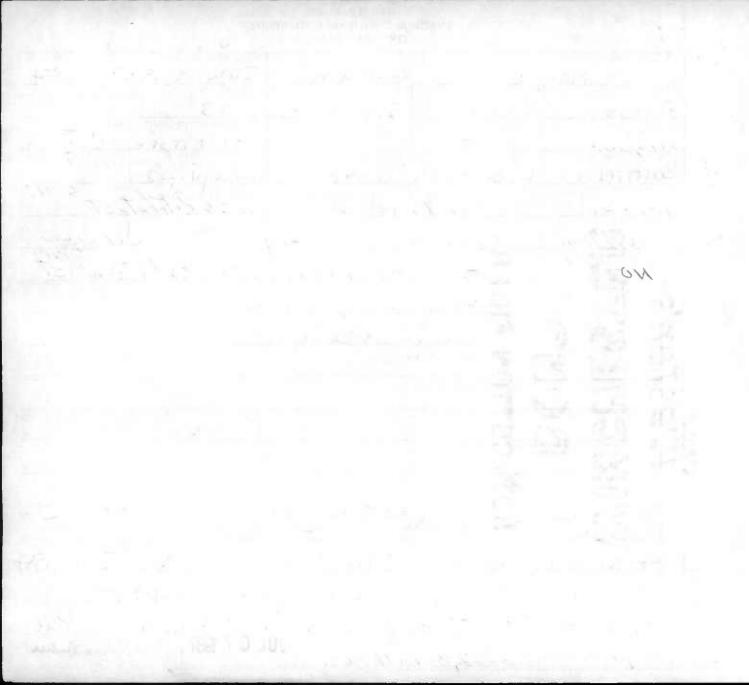
DEPARTMENT	OF HEAL	TH AND	MENTAL	HYGIENE
CEI	RTIFICA	ATE OF	DEATH	

DEEC AED HAME 1951 1950		STATE REGISTRAR		CERTIFICATE	OF DEATH	8 RES. NO	o. 1	9	0 0
SOUTH SOUT			MIDDLE	LAST		20 DATE OF DEATH	MONTH DAY	YEAR ~	2h HOUR
SERVING BACK SUPERING SOUTH STATE OF BIRTH BOOK SOUTH			910	Gillio	M	July 4	1,198	7	200AM
BURTHARE (STATE OF LORD AND COUNTY) TO CHIZEN OF WHAT COUNTRY) TO CHIZEN OF WHAT COUNTRY OF DEATH TO CHIZEN OF WHAT COUNTRY) TO CHIZEN OF WHAT COUNTRY OF DEATH TO CHIZEN OF WHAT COUNTRY OF WHAT COUNTRY OF DEATH TO CHIZEN OF WHAT COUNTRY OF WHAT COUN	3. 5			5. DATE OF BIRTH		AGE (IN YEARS AST BIR			
B BIRTHACKE TISSED FOR THE COUNTY OF DEATH CITY OF TOWN OF DEATH	15	Formalo	Black			43		NIHS DATS	HOURS MIN
DUSTAIR ESIDENCE IF MASH OF COUNTY STATE		BIRTHPLACE / STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8		BALTIMORE CITY O		F DEATH	-
DOUGH PROPOSED AT THE STORY OF DEATH CONTRIBUTION OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN DEATH OF PART 1:0 THE WAS DECEASED EVER IN U.S. ARMED FORCES? TIBLE SOCIAL SECURITY NO. DISTORY WAS DECEASED EVER IN U.S. ARMED FORCES? TIBLE SOCIAL SECURITY NO. DISTORY WAS DECEASED EVER IN U.S. ARMED FORCES? TIBLE SOCIAL SECURITY NO. DISTORY WAS DECEASED EVER IN U.S. ARMED FORCES? TIBLE SOCIAL SECURITY NO. DISTORY WAS DECEASED EVER IN U.S. ARMED FORCES? TIBLE SOCIAL SECURITY NO. DISTORY WAS DECEASED EVER IN U.S. ARMED FORCES? TIBLE SOCIAL SECURITY NO. DISTORY WAS DECEASED EVER IN U.S. ARMED FORCES? TIBLE SOCIAL SECURITY NO. DISTORY WAS DECEASED EVER IN U.S. ARMED FORCES? TIBLE SOCIAL SECURITY NO. DISTORY WAS DECEASED EVER IN U.S. ARMED FORCES? TIBLE SOCIAL SECURITY NO. DISTORY WAS DECEASED EVER IN U.S. ARMED FORCES? TIBLE SOCIAL SECURITY NO. DISTORY WAS DECEASED EVER IN U.S. ARMED FORCES? TIBLE SOCIAL SECURITY NO. DISTORY WAS DECEASED EVER IN U.S. ARMED FORCES? TIBLE SOCIAL SECURITY NO. DISTORY WAS DECEASED EVER IN U.S. ARMED FORCES? TIBLE SOCIAL SECURITY NO. DISTORY WAS DECEASED EVER IN U.S. ARMED FORCES? TIBLE SOCIAL SECURITY NO. DISTORY WAS DECEASED EVER IN U.S. ARMED FORCES TO WAS DECEASED TO	1	1.1	11.5.A.			Qu Itiv	Noc.	0:	To us
SULTA RESIDENCE IN WISHON COME OF CHIEF MONTH ON CONTRIBUTION CONTRIBUTION OF STANDARD COUNTY 134 INSDECTIVE LIMITS? 134 STREET ADDRESS/ZIBGODE 2/2/7 134 INSDECTIVE LIMITS?	10						ON	126 KIND OF	
13 INSDECITY LIMITS 13 STREET ADDRESS ZIPACODE 20 20 20 20 20 20 20 2	IF	Bullimore	I have I have	3 0- 4	2			INDUSTRY	0
THE PATHER SAMANE IS MOTHER'S MADE NAME IS		UAL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION GIVE RESIDENCE BEFOR	RE ADMISSION)			-		217/7
15 MOTHER'S MADEN NAME 16 MODIE 16 MOD	130	STATE 136 COU	NTY I3c. CITY OR TOW	and the same of th				+ et	2141
MODIE LAST	K	FATHER'S KLAME	1914/11/	11010			cireal	0/	
STATE STAT		FIRST //s	MIDDLE LAST		Chi			LAST	
STATE STAT	1	William	SULLIVAN	VIDITY NIC 112 INTE	MARY	ADDRE	C 22	00/108	200
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DHMH - 16 60M 7/B4 (VRA 15, 4)

to FUNERAL DRECTOR: Attacked for use on with the State Dept. of Health

APORTANT, If hem 21 is marked or hem 18 shaws any



a bysicion and completely filled in by the funeral director. page 3 a boy papers. Pages 1 and 2 shauld be filed within 72 hours after death semonal.

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	18 CAUSE OF DEATH (Enter onl	ly ane cause per line for (o), (b	or, and (cr				APPROXIMAT	E INTERVAL
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ERT	21g. ACCIDENT WAS UNDERLYING	7 216. TIME OF INJURY	100	21c HOW INJURY OCCUP				
_	OR CONTRIBUTING CAUSE OF DEA							
WEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	P.M.	19	211 LOCATION				
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	AT WORK AT WORK		7.2	0	7 7-9		27	
	220.1 certify that (1) (this haspit saw the deceased alive on,		2 -7	nd that in (my) (aur) opinian	10			(1) {we} lo
	abave, (I) (we) (did) (did nat	t) view the body alter death.			deoth occurred an the d			
	22b. SIGNATURE	- 0		DEGREE	ALEDICAL CTA		12c. DATE SIG	NED
	MUITA	wus	N	PHYSICIAN	MEDICAL STA		1/9/	8/
1	22d PHYSICIAN'S NAME (TYPE OF			22e ADDRESS				
	BICH TO D	MONG		LIBERTY	MEDICA	L CEN	TER	
23o	BURIAL, CREMATION, REMOVAL	236 DATE	23c NAME OF C	EMETERY OR CREMATORY	236 LOCATION			
	BURIAL	7/15/1987	MO, NAT	MEM. PAL	K LAURE	100	NTY N	10-
24	NUTTER EUN	VERAL HOM	E, IN	/C , 250. DA	TE REC'D. BY REGISTRAR	256 REGISTRAR'S	SIGNATURE	
20	NUTTER FUN SO GWYNNS FA	US Prus RAI	TO MO	2/2/6 111	L 15 1987	Autia Dis	iden Pa	adassa
	~~/ ~~/ V// ~ / /!	INVIII LIVIUI	01		1001	The state of the s	and a day	

DHMH - 16 60M 7/B4

TO FUNERAL DIRECTOR. After this certificate has been signed by the should be detached for use as the burial-transit permit. Then please it with the State Dept. of Health and Mental Hygiene prior to buriff, cri-

retained by the hospital or attending physician.

BP.

(VRA 15, 4)

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and the second

10	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	ILENE PEZNO	19590
14	1. DECEASED NAME FIRST	MIDDLE	LAST	To DATE F DE AH MONTH	DAY TEAR TO HOUR IN
200	I TYPE OR PRINT)	ATRICE Virgini	a GLANVILLE	07 08	87 01:15'M
od o	3. SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS.
rs off	Female	Caucasian	02 03 24	63	rs.
hour hour	7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	8 MARRIED X NEVER MARRIED	9 BALTIMORE CITY OR CO	
in 72	Newport News	VA USA	WIDOWED DIVORCED	Baltimore	City MD.
by the fu	Baltimore	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACHLITY, GIVE STREE St. Agnes	NG HOME OR OTHER INSTITUTION TADDRESS) S Hospital	CLYPE OF WORK FOR MOST OF WORK Sales Perso	ind Life) 126 KIND OF BUSINESS OR INDUSTRY Retail Sale
ompletely filled in by the funeral director page. Fond 2 should be filled within 72 hours after deal extension must be halfhed attack.	USUAL RESIDENCE IT NUTSING HOME OF 136 COL		AZNI BISH INICIDE CITY HALITSS	13, STREET ADDRESS / ZIP	CODE Lane 21228
2 sh	14 FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	WE	LAST
completely and 2 sh		ark Merica	Emma	Frances	Collier
Poges L	160 WAS DECEASED EVER IN U.S. A (YES, NO OR HINKNOWN) I IF YES O	RMED FORCES? 166 SOCIAL SEC INC. WAR OR DATES! 230-18-		. Flanville	Same as #13
been signed by the ottending mit. Then please remove corbon prior to burnol, cremation, or re ony injury, or other troumatic e	20		ENCE OF DEATH BUT NOT RELATED TO THE TERM H OPERATION WAS PERFORMED	20a AUTOPSY? 20b.	IF YES, WERE FINDINGS USED
2 9 9 9 8	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING			YES NO	ERTIFYING CAUSES OF DEATH? YES NO
18 H	OR CONTRIBUTING TO CAUSE OF D	CAIH	DAY YEAR	RED (ENTER NATURE OF INJURY IN ITE	M 18 PART 1 OR PART 2)
er this certification of the principle of the burial-theory and Mental ked or Item	THE EITHER NOTIFY MEDICAL EXAMIN 21d IN JURY OCCURRED WHILE NOT WHILE AT WORK	P.M. 21e PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE,	19 21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
pital ar i TOR: Aft for use as of Health 21 is mor	22a.1 certify that (I) (this has saw the deceased alive a	n	, and that in (my) (our) opinion	, to death accurred on the date on	that (I) (we) last d hour and from the causes stated
y the hos tal DIREC detoched ote Dept. II: If them	22b. SIGNATURE	alma	PEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN [221 DATE SIGNED
TO FUNERAL should be de with the Stoti	7220 PHYSICIAN'S NAME (1) PE	RAHMAN	Batti	Agres un	2 mish
3P	230 BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY rest Lawn Garder	23d. LOCATION CITY OR TOWN Marriotte	ville. Ho. MD
	Burial 24 FUNERAL DIRECTOR 30	1 Frederick R	oad 21228 256 DA		EGISTRAR'S SIGNAPORE
MH - 16 60M 7/B4 (VRA 15, 4)	MacNabb Funera	.1 Home, Caton	sville, MD	10 1987	TO Margary. Commen

retained by the hospital or attending physician.

DHMH - 16 60M 7/ (VRA 15, 4)

STATE OF MARYLAND

	1-	FOR STATE			DEPART		EALTH AND MENTAL HYC	SIENE		100 10	
1 3	10	REGISTRAR					AST	REG. N		7 3	7
, J		FASED NAME	FIRST		MIDDLE				MONTH DAY	Y YEAR	25 HOUR
			Will				lascoe	July 24,			3:55
9	3. SE	<u>_</u>		4 RACE		5. DATE (DF BIRTH	6 AGE (IN YEARS LAST BIF		UNDER I YEAR	IF UNDER 2
> 1		Male	-	Bla	ck	5	- 30 - 31	.57	YRS		
5) 8		RTHPLACE (STATE OR	FOREIGN	76. CITIZEN OF	WHAT COUNTRY	? 8. MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	R COUNTY O	FDEATH	
5	,	MD.		Yo	6	WIDOW	_	Baltimo:	re City		
P	10 CI	TY OR TOWN OF DE	ATH			ING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION	126 KIND O	F BUSINES
2		ltimore		Mary	ch facility, give street gland Gen	eral i	Hospital	Postal W	orker	Post	off
100		AL RESIDENCE UP NUR	136. COUN		GIVE RESIDENCE BEFO		134 INSIDECITY LIMITS?	13e STREET ADDRESS	ZIP CODE	0	7
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eu.	14 FA	THER'S NAME		AIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME		LASI	
OX.		PIRSI		MIDDLE	LAST		Alberta	MIDOLE	610	SCO	1
E 12	16a V	VAS DECEASED EVER	IN U.S. AR	MED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMANT	ADDR		and the second	
14	(res. NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES	213-28-	00 57	Edus Col	acan 41	LE.	PONN.	1
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100		18 CAUSE OF DEAT PART I DEATH V	H (Enter on) AS CAUSE	y one couse pe OBY:							
1			IMMEDIAT	E CAUSE (a)	Cardiopu	ilmona.	ry Arrest			28 Mi	nute
7.00		underlying cause PART 2 OTHER SIG		107	Diabetes CONTRIBUTING TO		NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN	IN PART NO	0
(rujui)	CERTIFICATION										1.4
6	CA	19a DATE OF OPERA	TION	196 COND	DITION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDIN	
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8 %	CER	210. ACCIDENT WAS UN	-	216 TIME C	OF INJURY	DAY VEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	T I OR PART 2)	
E	AL	OR CONTRIBUTING		1111	.M. MONTH (DAT TEAK					
ž /	WEDICAL	21d. INJURY OCCUR			OF INJURY	17	211 LOCATION				
pa	ME	WHILE NOT W	HILE [(AT HOME, ST	TREET FACTORY, OFFICE	, FARM, ETC)	STREET	CITY OF TO	WN	COUNTY	51
nor		AT WORK AT WO				July	10, 10 8	July .	24, 10	87	. Y.
5 2		220.1 certify that (F		7 7	2 4			. 10	. 17		that th (v
121		saw the decease above, (K(we))	did) (MdX)	view the body	y after death.	4,0	nd that in 🅌 (our) opinion	deoth occurred on the d	ofe and have a	and from the o	causes sta
Hen		226. SIGNATURE	/	1 11	1. 1	1	DEGREE	Physical Heat	54.10	22c DATE	SIGNED
<u>+</u>		11111111	buck	//	11.111	en	MID ATTENDING	MEDICAL STA	FF CIAN D	7-21	4-8
Z-		72d. PHYSICIAN'S'N	AME (TYPE O	R PRINT	ELAN AV		77e ADDRESS		7	17	, ,
DRT		Micha	el A.	Wilson	M.D.		c/o M	aryland Gen	eral Ho	spital	L
IMPORT											
-	23a E	SURIAL, CREMATION	REMOVAL	236 DATE	230	NAME OF	CEMETERY OR CREMATORY	23d LOCATION		COUNTY	. 1 ,01
	1	Burial		7-30-	87 1	DILLA	ne / Valley		V16. (0.	NO
	24. FI	UNERAL DIRECTOR		/			750. DA	TE REC'D. BY REGISTRAF	256 REGISTRA	ARASIGNAL	URIT
7/84	1	7 / NAME /	11/	*	- APDRESS			UI 30 1987	Julia	Donord	L. Canon

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FOR

		STAT	E OF	MA	RYL	AND
DEDA	DEMENT	OF H	CAL	TH.	AND	MEN

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

I	1.	STATE REGISTRAR		CERTIFICATE OF DEATH	8 REG.N	10. 10 000
\mathbf{I}	L DEC	PRINTS	WIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR 26 HOUR
T	3 0	Edno	ROXY	Glass		07.30 87 10:35 PM
I	3. SE X		4. RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BI	RTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
I		Female	Caucasion	04 23 25	62	YRS DATS HOURS MIN.
1		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DEATH
	7.	Virginia	U.S.A.	WIDOWED DIVORCED		ore City MD.
t	10. C11	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	12a USUAL OCCUPAT	ION 126. KIND OF BUSINESS OR
l	Ba	iltimore	University of Ma	1 1 1 1	Domestic	o'Hometharer
	USUA 13a S		OTHER INSTITUTION, GIVE RESIDENCE BEFORE	E ADMISSION)	13e.STREET ADDRESS	/ ZID CODE
)		aryland =	Baltimor		3717 6+	
1	14 FA	THER'S NAME		15. MOTHER'S MAIDEN N	IAME	211001 2122
1		Milliam	MIDDLE	h FIRST 0	nnie	Baker
t			MED FORCES? 166 SOCIAL SECU		ADDR	
ı	IY,	(ES, NO OR UNKNOWN) (IF YES, GIV	ZE WAR OR DATES) 234-36-	5524 Frank Gla	ass same as	s 13e
ŀ		IA CAUSE OF DEATH (Enter or	nly one couse per line for (o), (b), and	5-A.II		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ı		PART I. DEATH WAS CAUSE	D BV	nt Breast Canc	05	BETWEEN ONSET AND DEATH
1		IMMEDIA			9	
1		Conditions, if ony, which	DUE TO, OR AS A CONSEQUE	ENCE OF		
1		gave rise to immediate	(b)			Carlos State
ı		cause (a), stoting the underlying couse last.	DUE TO, OR AS A CONSEQUE	ENCE OF		
1		DARL 2 OTHER SIGNIFICANT	(c)	DEATH BUT NOT RELATED TO THE TEL	DISCUSSION CON	DOWN CHARACT
ı	Š	PART 2. OTTER SIGNIFICANT	CONDITIONS CONTRIBUTING TO L	DEATH BOT NOT RELATED TO THE TEL	RMINAL DISEASE OR CON	THOM GIVEN IN PART ITO
1	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	20e AUTOPSY?	206. IF YES, WERE FINDINGS USED
ı	F				YES TI NOT	IN CERTIFYING CAUSES OF DEATH?
1	ERI	21a. ACCIDENT WAS UNDERLYING		21c HOW INJURY OCCU	JRRED (ENTER NATURE OF INJU	
ı		OR CONTRIBUTING CAUSE OF DE		AY YEAR		
1	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE)	21e PLACE OF INJURY	21f LOCATION		
ł	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY OFFICE, F	ARM ETC STREET	CITY OR TO	OWN COUNTY STATE
ı			ital) opended the deceased from_	Actor 29 10 8	7 10 Alle	20 19 07 that (1) (we) last
1		sow the deceased alive on	July 30 19 8	ond that in (my) (our) opinion	on death occurred in the d	ate and haur and fram the couses stated
ı		22b. SIGNATULE	it view the bady after death	↑ DEGREE		DATE SIGNED
1		/ NOW	Mar Swell	MD. ATTENDING		EF LI /2h von
1		22d PHYSICIAN'S NAME (TYPE C	OR PRINT)	220 ADDRESS A	DIRECTOR PHYSIC	CIAN B) CALL WITTE
		Marine	1- GWEEK W	1 22.5.1	Rolling , 6	# 1
+	23n R	URIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATOR	y 123d LOCATION	
	(3	SEURIAL SEMONAL	D 7 OF	PADOWRIDGE: MEON	CLY OR TOWN	CE LOUNTY STATE
1		INERAL DIRECTOR MCCU		THE TALL THE PARTY OF THE PARTY	ATE REC'D BY REGISTRAR	256 REGISTRAR'S SIGNATURE
	2	77.wm	Ave. Balto ADDRESS 1	225 A	UG 4 1987	Julia Devider Kondal
				447		

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

MPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other traumatic event, the

061741 AUG-507 ELING TOXY THE RESERVE OF THE PROPERTY OF AUG 4 1967 A Common E-

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 87REGISTRAR 362652 AUG 13 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO DECEASED NAME 20 DATE KNOWN X 26 HOUR (TYPE OR PRINT) OF ESTI-8. GIVE PAGES 1, 2, AND 3 TO THE FUNERAL DIRECTOR. WITH FORM PM. 3. RETAIN PAGE 5 FOR YOUR FILES. THE MESEN, AND 2 SHOULD BE FILED. WITHIN 72 HOURS. DIVISION DE VIVAL RECORDS, 201 W. PAGSTON STREET, KEITH GLOVER DEATH MATED 3 SEX 4 RACE DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER) YR. IF UNDER 24 HRS 2c. DATE MONTH YEAR LAST BIRTHDAY PRONOUNCED DELAY IS NECESSARY, DEAD 7-23-8710 6:39P 9 BALTIMORE CITY OR COUNTY OF DEATH 7s. BIRTHPLACE CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Baltimore City WIDOWED DIVORCED HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Union Memorial Hospital OR INDUSTRY FOR MOST OF WORKING LIFE Baltimore USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSIONI 13b. COUNTY 13r. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS YES V NO [MD. MATHTO.I 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE JAMES GLOVER DOROTHER GRAHAM 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b SOCIAL SECURITY NO. ADDRESS TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER EXECUTE THE CERTIFICATE, WRITING THE WORD, "PENDING". IN PENCIL, IN TEM 18, GIVE PA PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FOR TO FUNKRAL DIRECTOR, PAGE 3 SHOULD BE USED AS A BURIAL. TÂMISTI PERMIT, PAGESI AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAMINGLIENE, DIVISION BALTIMORE, MARYLAND, 21201 PRIQR TO BURIAL, CREMATION, OR REMOVAL. (YES, NO, OR UNKNOWN) LIE YES GIVE WAR OR DATES 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate DIVISION OF VITAL RECORDS, 201 W. couse (o) stoting the under DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO CERTIFICATION Schizophrenia 19g DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) HOUR A.M. MONTH DAY OR YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21f. LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC. STREET CITY OR TOWN COUNTY 220 I certify that I took charge of the remains described above, held an Autopsy Inspection ond in my opinion deoth resulted from Notural causes Suicide Homicide Undetermined monner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 7-24-87 SKINATURE Mario F. Golle, Jr., M.D. 111 Penn Street EXAMINER'S NAME (TYPE OR PRINT) **ADDRESS** 230 BURIAL CREMATION REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY 7-31-87 07/84 BP. REMOVAL 25M 24 FUNERAL DIRECTOR **DHMH - 17** ADDRESS Julia Divideon (VR A15 ME (5))

ROARD

					STAT	E OF MARYL	AND						
	FOR STATE			DEPARTA		EALTH AND		IENE	- 1	0 5	9	4	
7.07	REGISTRAR				CERTIF	ICATE OF D	EATH	8/	REG. NO	7 -			
	EASED NAME	FIRST	1.477	MIDDLE		AST		20. DATE OF DE	ATH MONT	H DAY	YEAR	26 HOUR	
,		CHARLE	S ME	LVIN	GO]	ETZ, SF		1 - 1	7	23	87	8:20 A	
3. SEX		4	RACE		5. DATE C			6. AGE IN YEARS	LAST BIRTHDAY)	MONTH	DER 1 YEAR	IF UNDER 24 HRS	
	Male		Whi	te	MONTH	. 11	YEAR /3	7	3.	rRS.	DAYS	HOURS MIN.	
lo. BIR	THPLACE (STATEO	R FOREIGN 7	CITIZEN OF	WHAT COUNTRY?	8	NEVER A	AADDIED []	9. BALTIMORE			EATH		
Ct	Maryland	i i	u	SA	WIDOWE		VORCED	Balti	more C	ity		MD	
0. CIT	Y OR TOWN OF DE	ATH 1		HOSPITAL, NURSIN		OR OTHER INST	TITUTION	120. USUAL OCC				F BUSINESS OR	
В	altimore			. Hamburg		et		Securi				ank	
ÜSÜAI	L RESIDENCE (IF NU		THER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)							ATIN	
130. ST	aryland	13b. COUNT	<u> </u>	13c CITY OR TOW	more	13d. INSIDE C		13e.STREET ADD		in bus	15	2/230	
_	HER'S NAME			1 (561 / /	mici		MAIDEN NA	1.0	1/4	45-1	1	-1 -20	
	George		arry	G LAST		1	FIRST Q	_ M	IDDLE	9-1	1A5	4	
60 W	AS DECEASED EVE		-4	166 SOCIAL SECU	IDITY NO	17 INFORMA			ADDRESS	34	1 14 12	4 1	
	S, NO OR UNKNOWN)		WAR OR DATES)	2/8/1/9	279			704 57	771				
	No			010191	201	Heren	Goetz,	784 W.	Hambur	g Str			
	PART I. DEATH			r line for (0), (b), and	dei	110	N2 1	-7			BETWEEN	MATE INTERVAL	
		IMMEDIATE		Cutis	we	/ Deca	y To	rem		3	ferer	Lyean	
			DUE TO, C	R AS A CONSEQUE	ENCE OF	1 0	1-11	· /	2		_	10	
	Conditions, if an		((b)_	valer	W Sa	levol	re /xe	cerel e	grsee	rel !	fece	ralgorie	
	gave rise to in cause (a), stat	ing the	DUE TO, C	R AS A CONSEQUE	ENCE OF							/	
	underlying caus	se last.	(c)_				100						
	PART 2. OTHER SIC	SNIFICANT CO	NDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE O	R CONDITIO	N GIVEN IN	PART 10	3,	
ō	Po	Kin	ton!	e De	ses	se							
CERTIFICATION	90 DATE OF OPER	ATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	RMED	200 AUTOPS		IF YES, WEF		GS USED OF DEATH?	
E								YES N	0	YES [CHOSES	NO [
	210. ACCIDENT WAS U		216. TIME C	OF INJURY	AV VEAD	21c HOW IN	JURY OCCURE	RED (ENTERNATURE	OF INJURY IN IT	M IS PART I O	PART 2)		
4	OR CONTRIBUTING		1	.M. MONTH DA	19								
MEDICAL	21d INJURY OCCU		21e. PLACE	OF INJURY		211 LOCATIO	N			-	OUNTY	*****	
_	WHILE NOT V	(AT HOME, ST	REET, FACTORY, OFFICE, F	ARM, ETC)	STREET		Ct	TY OR TOWN		OUNTY	STATE		
- 1			1) attended to	he deceased from_		Ave	10	2 . P	wer	10		that (I) (we) lost	
	sow the deceo	sed alive an_	216	198	70	nd that intriny	(aur) opinion	death occurred or	n the date an	d hour and			
obove, (1) (we) (did) (did nat) view the body after death.						, and that in (hy) (aur) apinion death accurred on the date and hi							
						DEGREE ATTENDING MEDICAL STAFF					221. DAJE SIGNED		
-	12d PHYSICIAN'S N	IAME I	will	5 /	1			DIRECTOR	PHYSICIAN [110:	5/8/	
						22e ADDRES							
	Carter					7231 Ritchie Highway							

23c. NAME OF CEMETERY OR CREMATORY

Glen Haven Mem. Park

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

230. BURIAL, CREMATION, REMOVAL

Burial

24 FUNERAL DIRECTOR Hubbard Funeral Home, Inc. 4707 Wilkens Ave.

7/25/87

236. DATE

A.A. Maryland 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE
JUL 24 1987 Julia Devider R

23d LOCATION
GITY OR TOWN
GLEN Burnie

Julia Devidor Rondollo

JUL :

STATE OF MARYLAND

,	87	FOR STATE REGISTRAR						AND MENTAL I	HYGIEI	8	RPG. N	10.		9	5 9	2 5
	(TYPE	EASED NAME	FIRST		IDDLE		AST	D-80/	2	DATE OF	DEATH	MONTH	DAY	YEAR	2b H	OUR
		Во	nnie	M	ae	Gol	d	-		18	4	7	-	1987		N
	1.5EX		4	RACE		5. DATE C		CIAY YEAR	6.	AGE (IN YE	ARS LAST BI	RTHDAY	IF UI	NDER I YEA		DER 24 HRS
		female		blac	ck	5	7	1918			69	YRS				
9		RTHPLACE (STATE OR FOR	REIGN 71	CITIZEN OF	WHAT COUNTRY?	8.		EVER MARRIED	9	BALTIMOR	E CITY	OR COUN	TY OF	DEATH		
		Ga		US	A	WIDOWE		DIVORCED	n l	Baltin	more	city	,			M
5		TY OR TOWN OF DEAT	н 1		OSPITAL, NURSIN	G HOME C	OR OTHE	R INSTITUTION	12	USUAL C	CCUPAT	ION		26 KIND NDUSTR		INESS OR
	arth.	itimore			Belmont		9			R	etir	ed				
2	USUA 13a S	AL RESIDENCE (IF NURSINI	SHOME OR O		GIVE RESIDENCE BEFORE 136 CITY OR TOW Baltimor	N	13d IN YES [SIDE CITY LIMITS	S? 13	STREET A	DDRESS Be 1	/ ZIP CO mont	DE AV	enue	2	1216
		THER'S NAME	M	IDD#	LAST		15 MC	THER'S MAIDEN	INAME		AMEDIDA E				AST	WW.
	J	ames		J.	Lovett			Mae		В	eTT			Wat	ters	
		VAS DECEASED EVER IN		ED FORCES? WAR OR DATES)	248-46-9			mas Jack	kson		3920	Mor t	ime	r A	/enu	е
		8 CAUSE OF DEATH PART I. DEATH WA	S CAUSED		line for its jo, and	iono	ry	Hear	1	Dix	Cost	2		BETWEE JC	NONSET LOC	WELV WELV
g		C to a		DUE TO, OF	AS A CONSEQUE	NCE OF	1									
		Canditions, if any, or gave rise to imme cause (a), stating underlying cause	diote	DUE TO, OR	AS A CONSEQUE	NCE OF			U			70,				
	NOI	PART 2. OTHER SIGNII	s mg		entributing to the	CEATH BUT	NOT RE	forte	ERMIN	AL DISEASE	OR CON	IDITION G	IVEN	IN PART	lio	EL.
	CERTIFICATION	190 DATE OF OPERATION	ON ()	19b. CONDI	TION FOR WHICH	OPERATIO	NWAS	PERFORMED		200 AUTO	PSY?	IN CER		ERE FIND G CAUSI	SOFDI	
1		210. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA	USE OF DEATH	HOUR A.A	A. MONTH DA	Y YEAR	21c. H	OW INJURY OCC	CURRED	(ENTER NAL	DEFOR INT	JRY IN ITEM II	8 PART I	OR PART 2		
	MEDICAL	21d. INJURY OCCURRE		21e PLACE C	OF INJURY	ARM ETC)	211 LC	STREET			CITY OR 10	OWN		COUNTY		STATE
		220.1 certify that (1) (1 saw the deceased abave, (1) (we) (dic	his haspita	6/2	3 19	870	nd that i	n (my) (aur) apini	nion dec	th accurred	an the c	late and h	. 19_ au an	d fram th		li (we) last s stated
		226 SIGNATURE	1	1	0		DEGREE				1.5	1100		224 DA1	ESIGN	ED

DHMH - 16 60M 7/84 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL Burial

Baltimore Nat Cem

22e ADDRESS

Baltimore

COUNTY

STMD

14 FUNERAL DIRECTOR Wm. ™C. March F/H West

GAKUBA

7/10/87

4300° Wabash Avenue

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

JUL 1 0 1087 Julia Dividen Landale

· was Daring

DHMH - 17 (VR A15 ME (5))

D7/B4

SIGNATURE EXAMINER'S NAM

6010

TYPE OR PRINT

230. BURIAL, CREMATION, REMOVAL 23b. DATE

BURIAL JULY 3,1987 VETERANS CEMETERY 24 FUNERAL DIRECTOR LEVINSON & BROS., INC.

M. Dixon, M.D.

OWINGS MILLS

23d LOCATION

ADDRESS.

23 CARRISON TERYFORESTORYMD

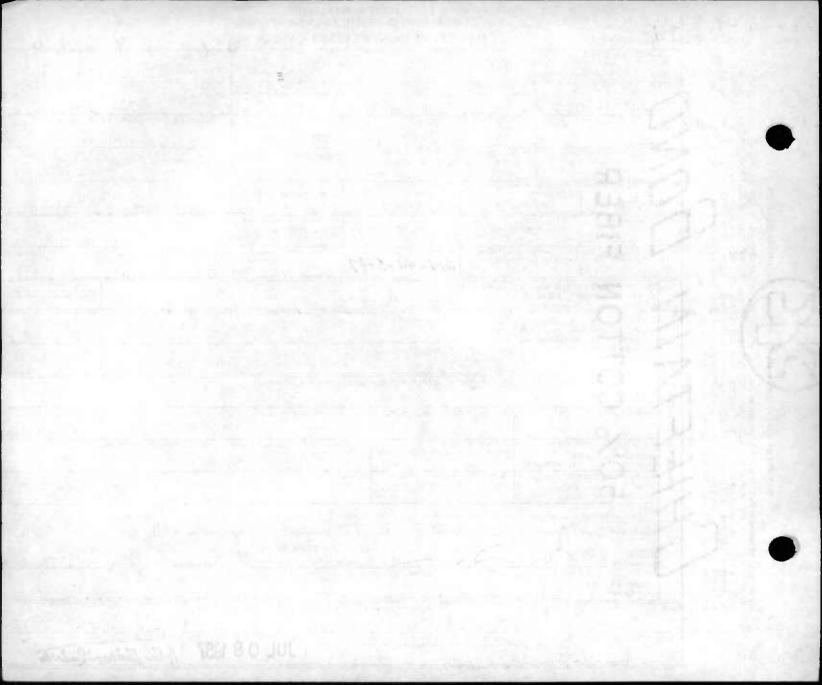
MD BALTO.

COUNTY

21201

REISTERSTOWN RD RALTO MD JUL 08 1987 Julia Medistrar's Signature

Penn Street-Balto. Md.



pletely filled in by the funeral directai, page 3 and 2 should be filed within 72 hours after death

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending his physician and a should be detached for use as the burial-transit permit. Then please remove corban popers. Pages I with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

retained by the haspital or attending physicion.

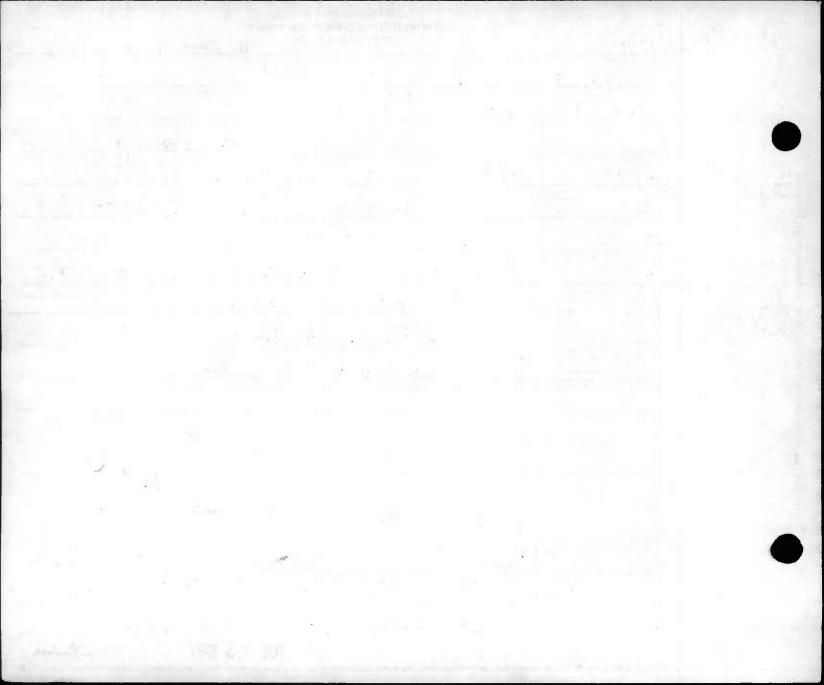
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DHMH - 16 60M 7/B

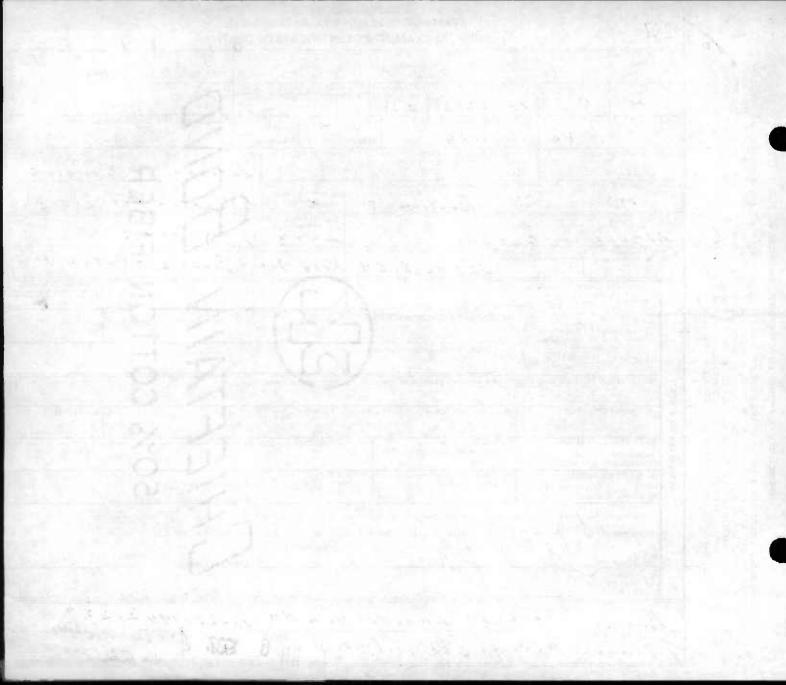
(VRA 15, 4)

STATE OF MARYLAND

FOR STATE	DEPA	RTMENT OF HEALTH AND MEN						
REGISTRAR		CERTIFICATE OF DEAT	TH 8 7 REG.	NO. 1 9	3 9 7			
1. DECEASED NAME FIRST	MIDDLE	LAST	2a. DATE OF DEATH	MONTH DAY	YEAR 26 HOUR			
(TYPE OR PRINT) PATRE	Δ	GOOD	95 61	7 0	87			
3. SEX	4 RACE	5. DATE OF BIRTH	6. AGE TIN YEARS LAST	BIRTHDAY) IF UNI	DER 1 YEAR IF UNDER 2			
		MONTH DAY	YEAR	MONTH	S DAYS HOURS			
FEMALE	BLACK		7 19	YRS				
70 BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNT	MARRIED NEVER MARR	BALTIMORE CITY	OR COUNTY OF E	EAIH			
MD	USA	WIDOWED DIVOR	ED A BALTI	MORE CIT	Υ			
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	RSING HOME OR OTHER INSTITUT	IZE USUAL OCCUP		KIND OF BUSINES			
BALTIMORE		ALAMEDA	FOODS		IDUSTRI			
USUAL RESIDENCE (IF NURSING HOM 130. STATE MD	DUNTY 13c. CITY OR 1			S / ZIP CODE HE ALAME	2/2:			
14. FATHER'S NAME		15 MOTHER'S MA						
WILLIAM	MIDDLE	LOUISE	MIDDLE		OBBET			
	GOOD		101	DRESS	UBBEI			
160 WAS DECEASED EVER IN U.S. (YES NO OR UNKNOWN) (IF YES	GIVE WAR OR DATES)	ECURITY NO. 17 INFORMANT						
NO	21484	9299 SAMUEL	SPRIGGS	5419 THE	ALAMED			
	107	End Stage Cordi	omyopa lu	DNDITION GIVEN IN	PART 110			
19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WE	HICH OPERATION WAS PERFORME	D 200 AUTOPSY? YES NO	IN CERTIFYING	RE FINDINGS USED CAUSES OF DEATH			
OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MONTH	DAY YEAR	OCCURRED (ENTER NATURE OF II	NJURY IN ITEM 18 PART 1 C	DR PART 2)			
21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY OF		4-443-		OUNTY 51			
	ospital) attended the deceased from	0.0			는구, thot (li (w			
	got view the body after death.	9 87, and that in (my) (our	opinion death ourred on the	dote and hour and	from the couses sto			
226. SIGNATURE	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN							
22d. PHYSICIAN'S NAME (1	pe or print)	M TD GOON	Wolds St. 8	altimor	(10 =			
BURIAL, CREMATION, REMOV		236 NAME OF CEMETERY OR CREM	CITY OR TOWN	ARUNDEL	MD ST			
24 FUNERAL DIRECTOR	//13/0/	CEDAR HILL CE	ANNE 25a DATE REC'D. BY REGISTE					
NAME	ADDR	- 03	1111 1 3 1097		ridgen Panda			
Wm. C. March F	/H 1101 E. Nort	h Ave	10 10 1301	100	A No Vancous			



STATE OF MARYLAND FOR, 0587.34 DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) OF ESTI-E FUNERAL DIRECTOR.
E 5 FOR YOUR FILES.
ED, WITHIN 72 HOURS
W. PRESTON STREET, Albert W. Goode, Jr. DEATH MATED 187 3 SEX 4 RACE & AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE OF BIRTH 2d HOUR 2c. DATE YEAR LAST BIRTHDAY) PRONOUNCED 6:08A 31 198 DEAD To BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED THEVER MARRIED FOREIGN COUNTRY) WIDOWED DIVORCED Baltimore City RETAIN PAGE 5 OULD BE FILED, EGORDS, 201 W. O CITY OR TOWN OF DEATH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 20 USUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 176 KIND OF BUSINESS Baltimore 02016A MUCKINE USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONE 13g. STATE 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? 1 CATOR RUG YES T BALTIMONE 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE ager 3627 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. MARIE GOODE LBY COYON AM (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OF DATES) WITH WITH 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Acute meningitis DUE TO, OR AS A CONSEQUENCE OF TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 2 EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN 19AGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER A TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HY BALLIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMO Conditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION Chronic ethanolism 19g DATE OF OPERATION 19% CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NO T 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 211 LOCATION AT WORK AT WORLE STREET, FACTORY, FARM, ETC.1 CITY OF TOWN STATE COUNTY the remains described obove, held an 22a I certify that I. Autopsy Inspection Inquiry death resulted for Homicide ___ Undetermined monner TITLE (SPECIFY) ACTUAL Assistant 7-1-87 SIGNATURE EXAMINER'S NAME ADDRESS 111 Penn Street, Balto., MD 21201 Charles P. Kokes, M.D. TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 234 DATE 23c. NAME OF CEMETERY OR CREMATORY 07/84 Lors for F Stamperess [3 f / G, /m W 58 **DHMH - 17** (VR A15 ME (5))

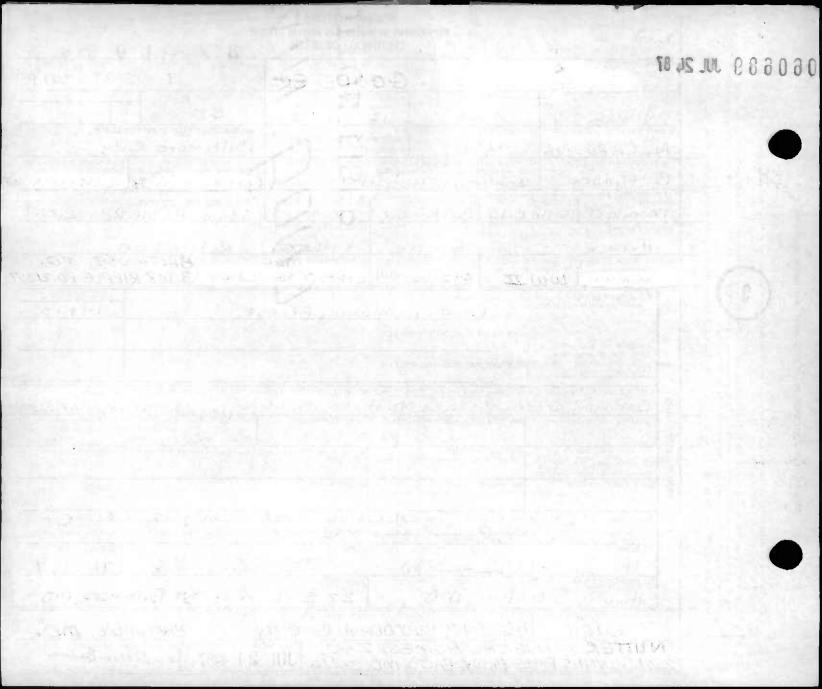


DEPARTME	NT	OF	HE	AL	TH	AND	MENT	AL	HYGIEN
	CEI	RTI	FI	CA	TE	OF	DEAT	H	

1.	FOR STATE REGISTRAR		DEPARTM		EALTH AND	MENTAL HYG DEATH	/A 49	G. NO.	9 5	9 9
4	LEASED NAME			t.	AST		20. DATE OF DEA		DAY YEAR	26 HOUR
(Lish	ORPRINTI JES	SE		Go	ODE	SR.	H	7	15 87	207 PM
3. SE	X	-Swee		S. DATE C			6. AGE (IN YEARS L	AST BIRTHDAY)	IF UNDER) YEAR	
	male	bla	.ck	NONTH 12	. 14	Z6	60	O YRS	5.	HOURS MIN.
7a. BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 AA A PD ICI	NEVER	MARRIED -	9 BALTIMORE C	ITY OR COUN	ITY OF DEATH	
1	1. CAROLINA	u	5A	WIDOWE		NORCED	Baltin	more	City	MD.
10. C	ITY OR TOWN OF DEATH		HOSPITAL, NURSING		R OTHER INS	TITUTION	120 USUAL OCCI			OF BUSINESS OR
	altimore	Unive	rsity 1+	ospi	tal		ELECTRO	A A C A C THE REAL PROPERTY.		GOVERNME
13a S	AL RESIDENCE (IF MURSING HOME OF STATE 136 COUN Maryland Balt	otherinstitution.	130. CITY OR TOWN	1	13d. INSIDE	NO NO	13e.STREET ADDR		DE Rd	21207
14. FA	ATHER'S NAME	MIDDLE	LAST	1785	15. MOTHER	S MAIDEN NAM	ME		LAS	
	Horace	MIDDLE	Good	0	Kat	herine	Rox	Sins		
	VAS DECEASED EVER IN U.S. AR		166 SOCIAL SECUR	RITY NO.	17 INFORM				IMORE,	mo.
		WAR OR DATES)	243-30	-0111	ELNO		GOODE			RD. 2120
- 1	16 CAUSE OF DEATH (Enter or	nly one couse per	line for (a), (b), and	(6).)						MATE INTERVAL ONSET AND DEATH
	PART I. DEATH WAS CAUSE	D BY:	Cardiop	ulm	onaru	Arre	5+			hrs
m	IMMEDIA									
.) 1	Conditions, if ony, which	,	R AS A CONSEQUE	NCE OF						
	gove rise to immediate) (b)—								
	couse (o), stoting the underlying couse lost.		R AS A CONSEQUE	NCE OF						
	PART 2 OTHER SIGNIFICANT	ONDITIONS CO	NIRIBITING TO D	EATH BUIL	NOT PELATE	TO THE TERM	INAL DISEASE OR	CONDITION C	CIVEN IN DART 1:	
NO		1.	seaso.		1	melli+	45. Dec			lar diseas
CERTIFICATION	190 DATE OF OPERATION	1	TION FOR WHICH	121-0	7		200 AUTOPSY	206 IF Y	YES, WERE FINDIN	NGS USED
IFIC							YES TO NO	4	TIFYING CAUSES	OF DEATH?
ERT	210. ACCIDENT WAS UNDERLYING	7 216, TIME O	FINJURY	-	121c. HOW I	NJURY OCCURR	ED (ENTER NATURE C	- Land		NO []
	OR CONTRIBUTING CAUSE OF DE	1111	M. MONTH DA				(Enter throne o	1 110,000 11011	o ran i on ran si	
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	21e. PLACE (19	21f LOCATI	ON				
ME	WHILE NOT WHILE AT WORK		EET, FACTORY, OFFICE, FA	RM, ETC)	STREE		CITY	ORTOWN	COUNTY	STATE
	220.1 certify that (1) (this hospi	to ottended the	deceased from	Apr	116	10 87	to Ju	14 15	10 87	tho (I) (we) lost
W	sow the deceased alive on above (II) we) (did) (did no			17 on	d that in my	(our) opinion o	death occurred on	the date and h		
	22b. SIGNATURE	t) view the Body	ofter deoth.		DEGREE				22¢ DATE	
47	Than - O	1110.		0	1176	ATTENDING	MEDICAL	STAFF	711	510-7
	22d PHYSICIAN'S NAME (TYPE O	PRINTI	- IV	1)	22e ADDRE	PHYSICIAN _	DIRECTOR P	HYSICIAN KI	111	3/8/
		Wilson	am,		22		reene "	St Bo	Utimore	am.
23a. E	SURIAL, CREMATION, REMOVAL			AME OF CI	METERY OR	CREMATORY	123d LOCATION			
-	BURIAL	7/20/	and and a const	DODLI		EMETER	CITY OR TO	BALT	MOPE.	M STATE
24 🖟	WENTERED ELL	NEPA			INC.		REC'D. BY REGIS			URE
25	OI GWYNNS FA	115 PVI					21 1987	Julia	Dandon Ra	adass
4	or swylvivs in	- FRU	VII OTHU	1110	16101	10	1001	()		

DHMH - 16 60M 7/84 (VRA 15, 4)

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JUL 27

STATE OF MARYLAND

DED A DEMENT OF HEALTH AND MENTAL HYCIENE

87	STATE REGISTRAR		DEFARI		ICATE OF DEAT	H	8 7 REG. NO	1 9	6 (10
	CEASED NAME FIRST DR. LO		E.	GOOD	MAN		JULY 18,	1987	AY YEAR	7:06 A
3. SE	X IALE	4 RACE WHITE		5 DATE O	F BIRTH . 7, DAY 1913		AGE (IN YEARS LAS) BIRT		FUNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF V	VHAT COUNTRY?	MARRIEI WIDOWE	NEVER MARR	IED 🗀	BALTIMONE CITY OF	•		MD.
. 0	ALTIMORE				APT. 902	ION	SURGEON	ON WORKING LIFE	MEDI	
13a, [V	AL RESIDENCE LIF NURSING HOME OF STATE 136 COU	OR OTHER INSTITUTION,	BALTO.		134 INSIDE CITY LI	L	3. STREET ADDRESS /	ZIRCOPE S	APT. S ST. #	902 21218
	LOUIS	E.		AN, SR		ROSE	WIDDLE		HHEIMÊ	
160 N	WAS DECEASED EVER IN U.S. A NO OR UNKNOWN) (IF YES, G	RMED FORCES?	217-26		17 INFORMANT 4000 N.		ES ST.	BALTO.	-	21218
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA	only one couse per ED BY: ATE CAUSE (o)	line for ioi, (b), o	leta	statuc	gas	tur Ca	rein	APPROX SETWEEN	MATE INTERVAL ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost PART 2 OTHER SIGNIFICANT	DUE TO, OF	R AS A CONSEOU R AS A CONSEOU DITRIBUTING TO	IENCE OF	NOT RELATED TO T	THE TERMIN	NAL DISEASE OR CONE	DITION GIVE	N IN PART 1	0
CERTIFICATION	190 DATE OF OPERATION	Viale 196 CONDI	,	OPERATIO	N WAS PERFORMED	D	20s AUTOPSYT	IN CERTIFY	, WERE FINDI	
155.70	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D LIFE EITHER NOTIFY MEDICAL EXAMIN	EATH HOUR A.	FINDURY M. MONTH D		21r. HOW INJURY	OCCURRE	D (1900) SATURE OF SOME			NO []
MEDICAL	TIM INJURY OCCURRED	21e. PLACE ((At Higher, 51e	OF INJURY BET FACTORY OFFICE	FARM, ETC.)	III LOCATION		A O	ert.	COUNTY	STATE
	22s.1 certify that (1) (this has, saw the deceased alive a above, (1) (westeld) (did t	" Jule	1/6 10	87.0	nd that in (my) (our)	78 opinion di	outh occurred on the do	te and hour	ond from the	that (I) (we) fast couses stated
	Daniel	Dak	als	us		DING CICIAN	MEDICAL STAR	F IAN []	7/1	8/87
	DANIEL BAK				22e ADDRESS 6109 BE	NHURS	ST RD. BAL	го.,мг)	
	BURIAL, CREMATION, REMOVA (SPECIFY) CREMATION	JULY 20	0,1987	LOUDO	N PARK		BALTIMO		COUNTY	RYLAND
24 F	ONE REISTERST	EVINSON (OWN RD.	BROS., BALTO.,		21215	250 H	RECA 4 RELEGIAR	25M EGISTI	RĀR'S SIGNA	TURE

DHMH - 16 60M 7/84 (VRA 15, 4)

ust be agriffed at once.

/			SIAII	UFMAKTLAND			
. X	FOR	DEPART	TMENT OF H	EALTH AND MENTAL HYG	IENE		
1/1/	- STATE			ICATE OF DEATH	0 17	1 0 /	20 1
- 10	REGISTRAR		CERTII	ICATE OF BEATH	MEG. NO	9 6	
	DECEASED NAME FIRST	MIDDLE	ı	AST	20 DATE OF DEATH	MONTH DAY YEAR	26 HOUR
0	YPE OFFRINT) Eele	n <i>a</i>	GC	OODWIN	June 29,	1987	12:14P M
13	SEX	4 RACE	5 DATE C		6 AGE (IN YEARS LAST BIRT		R IF UNDER 24 HRS
3.		1 1 2	MONTH		10	MONTHS DAY	
	t-emale.	CO1. 0	10	-12-1917	67	YRS	
70.	BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 8		9 BALTIMORE CITY O	R COUNTY OF DEATH	
1	BAllimore md	U.S.A	WIDOWE		Balitmor	e City	MD.
1 10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS		OR OTHER INSTITUTION	12a USUAL OCCUPATION		OF BUSINESS OR
8	Baltimore	Maryland G	General	l Hospital	Homemis	Kek	
	SUAL RESIDENCE (IF NURSING HOME O			134 INSIDE CITY LIMITS?	13e STREET ADDRESS	710 CODE 01	21217
	nary/ml	120/1	5	YES TO NO [ISESTREET ADDRESS	Tores 1	2-0
- /	111111111111111111111111111111111111111	I ROMIT	01	15 MOTHER'S MAIDEN NA	AAE	I HUO I'M	20
	FATHER'S NAME	MIDDLE LAST		FIRST /	/ A MIDDLE	1/	AST
1	Henry	Johnso	טכ	F-1521	aheTh	John?	son
160	WAS DECEASED EVER INU.S. A		URITY NO.	M INFORMANT	ADDRE	SS	
		IVE WAR OR DATES)	2011	Mrs Emi	Victor.	1200 1	Thomas
_	110	77-01	0143	MINISTEDA	1 CLEVSON	U/2/3. C	HILEVING
		inly ane cause per line for (a), (b), a	and (c).1		. /	BETWEE	NONSET AND DEATH
	PART I. DEATH WAS CAUS	F W 4 1 10 4	10/0	1140001	ONIA/	Lanter	
	IMMEDIA	TE CAUSE (a)	TULE	TOYGLA	(PI/II)	YETH GALL	
		DUE TO, OR AS A CONSEQU	UENCE OF		//		
	Canditians, if any, which	1			4		
	gave rise to immediate	(b)					
	cause (a), stating the	DUE TO, OR AS A CONSEQU	UENCE OF				
	underlying cause last.	(6)					
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN IN PART	lio
3	5 Dialetter 1	uplitus: Sel	2000	DISORDER'	LARYNGE	Al CARCII	LOMA.
m 3	190 DATE OF OPERATION	196. CONDITION FOR WHIC	HOPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIND IN CERTIFYING CAUS	
/ 9		A 604 W			YES NOT	YES [NO []
	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	_	21c HOW INJURY OCCUR			
7	OR COLUMNIA COLUMN		DAY YEAR	The Figure 1 occor	KED (EWIEK JANIONE OF HATO)	THE TEM TO PART TO CAPACITE	,
9	(IF EITHER NOTIFY MEDICAL EXAMINE		19	Carlotte (1981)			
1	21d. INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION			
7 3	WHILE NOT WHILE	(AT HOME STREET, FACTORY, OFFICE	E FARM, ETC)	STREET	CITY OR TO	wn COUNTY	STATE
	AT WORK AT WORK			<u> </u>			
	220.1 certify that (ly(this hasp	oital) attended the deceased from	May	23	37, to June 2	19 87	, that (X (we) last
	saw the deceased alive a	n		nd that in (mxt (our) apinion	death accurred an the de	ate and have and from ti	he causes stated
		view the bady after death.		Droger		100.04	TE CICLUED /
	226. SIGNATURE	1		DEGREE			TE SIGNED
	Cur,	218/11	^	ATTENDING PHYSICIAN F	DIRECTOR PHYSIC	IANTI 6	129/24
7	224 PHYSICIAN'S NAME (TYPE	ORPRINTI	•	22e ADDRESS	. / 1	. 41/1	1-11-00
11	7301	5 511118	~n	1900 B	. NORTHE	RN PKU	1
	- CKI	CHISHE	X	10.00	BAHIN	WAE MA	7 (239
22	Bo BURJAL, CREMATION, REMOVA	L 236 DATE 23	ON AME OF	EMETERY OR CREMATORY	123d LOCATION	1	7
23	(SECIFY)	0007	00	- I - I I	EUT OR JOWN	// COUNTY	STATE
	PURIAL	17-3-81	RUPK	H11/160	11 1010101	ICM	TIC.
24	I, FUNERAL DIRECTOR			25a. DA	TE REC'D. BY REGISTRAR	25 REGISTRAR'S SIGN	ATURE

DHMH - 16 60M 7/84

(VRA 15, 4)

oseph L. Kuss 2222 W. North Augul

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1987

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Market St. 188 F.O. JUL and Market St. Section of St. Section St.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

			FOR		DEPART!	MENT OF HEALT	H AND MENTAL H	YGIENE	
)(6 3 2 7 JL	11 20	07	STATE REGISTRAR	MI			CERTIFICATE O		600
10132130	ir ou	I. DE	EASED NAME FIRST		WIDDLE		LAST	RED NO.	AONTH DAY YEAR 176. HOUR
140	· CX	(TYP	E OR PRINT)	aha			01	OF ESTI- X	TOTAL TEAM OF 120. HOUR
SEE SEE	W	3 SEX		sha		La contractor and the	Gootee	DEATH MATED	7 271987 N
E0.47		J SEX	4. RACE	5. DATE OF BIRTH	YEAR		INDER I YR. IF UNDER	24 HRS. 2c DATE MIN PRONOUNCED	ONTH DAY YEAR 24 HOUR
ODINE COUR			F W	8 17	51	35 YRS.		DEAD 7	27 187 3:10
THE SERVICE STREET	26	7a B1	RTHPLACE (STATE OR REIGN COUNTRY)	76 CITIZEN OF V	HAT COUN	TRY? 8 MAR	RIED NEVER MARRI	9 BALTIMORE CITY OR C	OUNTY OF DEATH
D#823	9		arvland	II C A			WED DIVORCE		City
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FEAT STATE	0		Baltimore	(IF NOT IN SUCH I				FOR MOST OF WORKING LIFE)	OR INDUSTRY
AL X	3 -		L RESIDENCE (IF IN NURSING HOM	2518 E	Fair	mount Ave		Waitress	
2 F255 2	22	Do. S				ORTOWN		13e STREET ADDRESS	of day
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O TONG	-	14. FA	THER'S NAME	MIDDLE		LAST	15 MOTHER'S MAIDE	N NAME MIDDLE	LAST
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W SECONS	2	160. W	AS DECEASED EVER IN U.S. A	RMED FORCES?	16b SOC	TAL SECURITY NO.	17. INFORMANT	ADDRESS	
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TE CONTRACTOR			PART I DEATH WAS CAUS	SED RY.					BETWEEN ONSET AND DEATH
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BIVISION OF VITAL RECORDS, S CERTIFICATE SHOULD BE EXEC ROED TO THE CHEF MEDICAL FE 3 SHOULD BE USED AS A BUR	REA	CERTIFICATION							
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CE 3 CE	3 -	MEDICAL	WHILE NOT WHILE		CTORY, FARM, ET		STREET	CITY OR TOWN	COUNTY STATE
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IR: 1	0,0		22a. I certify that I taak cha	irge of the remains de	scribed aba	ve, held on Auto	psy . Inspection	, Inquiry , and in	my apinion
N S A O S	3			turol couses .	Accident	, Suicide		Undetermined monner .	,,, opinion
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5	387		SIGNATURE	1 UI	90.		M.DASSISTAN	MEDICAL EXAMINER	SIGNED 7-27-87
UN 4 ED	Z S	retragged .	EXAMINER'S NAME	omito 7 I	/11	M D	111	D. CI D.14	21.7
TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAGE DE SAND MITTALE OF THE CONTRACTOR OF THE	- A	22 51		arita A. I				Penn St., Balto.	Md. 21201
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07/84 BP	_		Burial	17 - 30 - 87	02	k Lawn (Cemetery	Baltimore	Md.
, DHWH - 1	17	24 FL	INERAL DIRECTOR	ADDRES			250. BATIER	ECO. BY REGISTRAR 25 LIREGISTRA	AR'S SIGNATURE
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STATE OF MARYLAND

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	o o	nove
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4 in retained by the hospital or ottending physicion.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral direction, should be detached for use as the buriol-transit permit. Then please remove carbo maters after beautiful be filled within 72 hours ofter with the State Dept. of Health and Mental Hygiene prior to buriol, cremotion, or removing.
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0592751	FOR	STATE OF MARYLAND
JUL 13 87	1 - STATE REGISTRAR	CERTIFICATE OF DEATH 8 7 REG. NO. 9 6 0
oy be death	1. DECEASED NAME FIRST	LeRoy Gouldin Fy B: 42 PM
ge 4 mr	3. SEX Male	4 RACE S. DATE OF BIRTH MONTH DAY YEAR ON THE DAY NON THE DAY YEAR ON THE DAY YEAR ON THE DAY YEAR ON THE DAY YEAR ON THE DAY NON THE DAY YEAR ON THE DAY YEAR YEAR YEAR YEAR YEAR YEAR YEAR YE
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is ofter of by the fulfiled with	10. CITY OR TOWN OF DEATH Baltimore	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IYEE OF WORK FOR MOST OF WORKING LIFE) 12b. KIND OF BUSINESS OR INDUSTRY Chauffeur. 12b. KIND OF BUSINESS OR INDUSTRY ESSKay
LAND 2120 Inn 24 hours should be filled in by		JOE NO Glen Burnie VES NO D 136. CITY OF TOWN 136 INVIDE CITY LIMITS? 136. STREET ADDRESS / ZIP CODE FOR ACE MD
MARYL marthined within ed within exomine exomine	14. FATHER'S NAME VN FIRST George	W. Gouldin 15. MOTHER'S MAIDEN NAME W. Gouldin Wyrtle
ALTIMORE, te be execu	(YES, NO OR UNKNOWN) I (IF YES, G	RMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS WW II ALberts - wife - same as Above
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rat RECORDS The low required to the low required to the low been significant. There is green prior to be shown only injury injur	190. DATE OF OPERATION 216. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \[\text{NO} \[\text{YES} \] YES \[\text{NO} \[\text{YES} \]
> 2 5 0 0 F 8 7	OR CONTRIBUTING _ CAUSE OF DE	EATH HOUR A.M. MONTH DAY YEAR (ER) P.M. 19
DIVISION OF ING PHYSICIA To oftending pl When this certif os the buriol-th os the buriol-th on Mental or them	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (1AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21l. LOCATION STREET CITY OR TOWN COUNTY STATE
TTENDI prind or TTOR: A for use of Heal	sow the deceased plive o above (I) (we) (did) (did n	not) view the body after death.
HOSPITAL OR A ned by the hos by the hos by the hos by the hos by the Store Dept.	27b. SIGNATURE	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 220 ADDRESS 220 ADDRESS
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ВР	230 BURIAL, CREMATION, REMOVA	July 9, 87 Cedar Hill Cemetery Baltimore AA MD
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FUNERAL DIRECTOR James S.	Kirkley, Glen Burnie, MD 250. Date REC'D. BY REGISTRAR 253 RECISTRAR SIGNATURE JUL 9 987. July Danker Louise

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1				STAT	E OF MARYLAND				
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		EASED NAME FIRST	MIDDLE		AST _	2a. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR OF
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1	2	11/	(IF NOT IN SUCH FACILITY, GIV	E STREET-ADDRESSI	100 - 0 1 00 -	TT CONTRACTOR MOST		INDUSTRY	
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				h o m	Josephin	WIDDLE	1	Berg	T
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			E WAR OR DATES)	AL SECURITINO.					21212
Ц		No	214-	-14-0524	Susan Hasl	ego Rt.	10 Box	693	21219
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	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR		N WAS PERFORMED	20g AUTOPSY? 20b. IF YES, WERE FINDIN			NGS LISED
1	FIC.	THE DATE OF CHANGE					IN CERTIFYIN		OF DEATH?
Ц	RTI					YES NO	YES [NO 🗌
5		210. ACCIDENT WAS UNDERLYING	LICHE A M. MONE	TH DAY YEAR	216 HOW INJURY OCCURR	RED (ENTER NATURE OF INJ	JRY IN ITEM 18 PART	I OR PART 2)	
1	MEDICAL	OR CONTRIBUTING CAUSE OF DEA	1111	19					
	Did	21d. INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION				
	ME	WHILE NOT WHILE	(AT HOME, STREET, FACTORY,	OFFICE, FARM ETC)	STREET	CITY OR TO	DWM	COUNTY	STATE
3		AT WORK AT WORK				Hla		87	
		22a I certify that (I) (this hospi	111/1	() 17		, to	, 19.	•	that (I) (we) lost
		sow the deceosed olive on above, (1) (we) (did) (did no	t) view the body ofter deoth	19	nd that in (my) (our) opinion o	deoth occurred an fhe d	ote and hour or	nd from the	couses stoted
		22b. SIGNATURE	A 7/1		DEGREE			22c DATE	SIGNED
			- Spr	Elber	ATTENDING PHYSICIAN	MEDICAL STA		7/	11/87
	- 5.0	22d. PHYSICIAN'S NAME (TYPE O	OR PR	011	1226 ADDRESS			- 1	. 107
	18		TIP	arikhen	YALLE A E.	irrace Bro	unch Ra	LGB	My 21061
			V. 1.				-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1	/
		URIAL, CREMATION, REMOVAL	The state of the s	23c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION	6	OUNTY	STATE
		Burial	7/13/87	Holv F	Redeemer Cem				M 1

E. Baltimore St. JU

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Sin Davidson Mandal

DHMH - 16 60M 7/84 (VRA 15, 4) P. Dabrowski & Son 2818

BP.

060984 may be NON MED DR. D. SMYTH PERMR, LA DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ATTENDING PHYSICIAN: The retained by the hospital or attending physician RELEASED

Completely filled in by the funeral director, page 3

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STATE OF MARYLAND

19606

IUL I	29	GISTRAR				CERTIF	ICATE OF DEAT	п	REG.	NO.			
	1 DE	CEASED NAME	FIRST	A	AIDOLE	t	AST		26. DATE OF DEATH	MONTH	DAY Q YEAR	26 HOUR	
	(1)PE	KIM		NA	DINE	GRAN	GER		JULY 22.	1987	, 0	10:26PM	
	3. SE			4. RACE		5. DATE C	F BIRTH		6. AGE (IN YEARS LAST I	JIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS.	
		FEMALE	- 1	BL	ACK	MONTH	28 196	SAR	24	YRS	MONING DATS	7	
50	7a. BI	RTHPLACE (STATE OR I	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRI	ер ГХ	9. BALTIMORE CITY	OR COUNT	Y OF DEATH		
-		ARYLAND		U. S.	Α.	WIDOWE	100		BALTIMOR	E CITY	7	MD.	
2		ITY OR TOWN OF DEA	ATH	(IF NOT IN SUC	H FACILITY, GIVE STREET	ADORESS)	OR OTHER INSTITUTION	ON	12a. USUAL OCCUPA (14PE OF WORK FOR MOS	TION	12b. KIND C	OF BUSINESS OR	
Total Control		ALTIMORE AL RESIDENCE (IF NURS	ING HOME OF		HNS HOPK		OSPITAL				1/2 0	1017	
Ser.	13a. S	MARYLAND	13b. COUN		BALTIMOI		13d. INSIDE CITY LU YES 📉 NO		13e STREET ADDRESS 1826 RIGGS	AVEN	UE, BAL	TIMORE,	
	14. F	ATHER'S NAME FIRST		MIDDLE	LAST		15. MOTHER'S MAII	DEN NAM	AE MIDDLE		LA	ST	
		CLAUDE	1.60		GRANGEI	R	JEAN				C00I		
-		WAS DECEASED EVER		MED FORCES?	166. SOCIAL SECU	IRITY NO.	17 INFORMANT N	1RS.	ADD	RESS MA	RYLAND :	21217	
1		NO.					JEAN GRAN	NGER	1826 RIC	GS AV		ALTIMORE	
4		18 CAUSE OF DEAT	H (Enter or	ly one couse per	line for (a), (b), an	d(c).)					BETWEEN	ONSET AND DEATH	
20		PART I. DEATH W		E CAUSE (a)	CARD	IAC	ARREST				30	minu ten	
	DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which (16) +											hours	
		gave rise to imm	nediote	DUETO									
	couse (a), stating the underlying couse lost DUE TO, OR AS A CONSEQUENCE OF									year			
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5	ATIC	19a DATE OF OPERA	TION		TION FOR WHICH	ICH OPERATION WAS PERFORMED			20a AUTOPSY? 20b IF YES, WERE FINDINGS				
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A		OR CONTRIBUTING		UH	M. MONTH DA	DAY YEAR							
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	M	WHILE NOT WE	RK	(AT HOME, STR	EET, FACTORY, OFFICE, F	ARM, ETC)	STREET		CITY OR	IOWN	COUNTY	STATE	
9	100	22a.l certify that (I) (this hospital) attended the deceased from 7/21 , 19 57, to 7/22 , 19 67, that (I) (e) ost											
		sow the deceased olive as 7/22 19 57, and that in (my) (a) opinion death occurred on the date and hour and from the causes stated above. (1) we) (did) (did not view the body after death.											
		226. SIGNATURE		ar new me oody	oner degin.		DEGREE	1,2,10			22c. DATE	SIGNED	
		Ch	intro.	he (om5		ATTEN PHYSI	DING CIAN		AFF ICIANDA	7/2	3/87	
		22d. PHYSICIAN'S NA	AME (TYPE C	R PRINT)			22e. ADDRESS					- 1	
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		BURIAL, CREMATION,			23c. 1	NAME OF C	EMETERY OR CREMA		23d LOCATION				
		(SPECIFY) BURI		7/27/			IN CEM.		CITY OR TOWN	F	BALTO.	MD	
/84	24	A UNITER F	UNE	RAL HO	MESIT	NC.		25m. DATE	REC'D. BY REGISTRA	R 25b. REGIS	STRAR'S SIGNA		
/ 04	20	TOT CHILAI	IIC M	alle Drus	ADDRESS	mo	2/2//	1111	2 9 1097	The .	Nesiden . E	andalle	

DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL OR

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TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physician and should be detached for use as the burial-transit permit. Then please remove cordangopers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, as Remayal.

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MEDICAL EXAMINER'S CERTIFICATE OF DEAD REO. NO. Charles V. Grant Charles V. Grant Charles V. Grant Charles V. Grant See No. Charles See No. C				FOR			MARYLAND H AND MENTAL HYGIENE	87 191	1.07
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Baltimore 3932 W. Northern Parkway Roost Restable Bartimore 194 STATE Maryland Baltimore 195 STATE Maryland 195 STATE Maryland Baltimore 195 STATE Maryland 195 DALBERGE NAME 195 Maryland 195 STATE Maryland 195	_	S S S S S				SPITAL, NURSING HOME, OR OTH	HER INSTITUTION 120 USUAL O	CCUPATION (TYPE OF WORK	126 KIND OF BUSINESS
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Maryland Faithers Name Maryland Baltimore Ves XI No 3932 Northern Parkway 21215 Faithers Name Mood Mood	5	1086832					had incide city timites Ital STREET A		
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Clyde Charles of the management of the derivation of the derivati	NO.	To Con	14. F/	ATHER'S NAME	WIOOFE	LAST	15. MOTHER'S MAIDEN NAME	WIDOLE	LAST
NO. [FEE. ORD EACH MAD COLORED Mrs. Shawn Grant 3932 Northern Parkway No. No.	(10	NAME OF THE PROPERTY OF THE PR				Grant, Sr.			
ACTUAL BP TOTAL	No.	2 2 2 2	16a V	VAS DECEASED EVER IN U.S. AR		166 SOCIAL SECURITY NO.	17. INFORMANT	Ballimore,	Md. 21215
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filled in by the funeral director, page 3 puld be filed within 72 hours ofter death

FOR STATE

7922 Wise Ave. Dundalk, MD

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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THE FATHER'S NAME MICHAEL T. STATE TAMINY JOHNSON ADDRESS ADDRESS NA ADDRESS NA Mrs. Michael T. Graves 5606 Force Ro. Mr. & Mrs. & Mrs. Michael T. Graves 5606 Force Ro. Mr. & Mrs. Michael T. Graves 5606 Force Ro. Mr. & Mrs. Michael T. Graves 5606 Force Ro. Mr. & Mrs. Michael T. Graves 5606 Force Ro. Mr. & Mrs. Michael T. Graves 5606 Force Ro. Mr. & Mrs. Michael T. Graves 5606 Force Ro. Mr. & Mrs. Michael T. Graves 5606 Force Ro. Mr. & Mrs. Mrs. Michael T. Graves 5606 Force Ro. Mr. & Mrs. Mrs. Michael T. Graves 5606 Force Ro. Mr. & Mrs. Mrs. Michael T. Graves 5606 Force Ro. Mr. & Mrs. Mrs. Michael T. Graves 5606 Force Ro. M	1						THE PARTY OF STRUCTURES	In STREET ADD	DESS / ZID CODE					
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DHMH - 16 60M 7/B4 (VRA 15, 4)

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should be detached for use as the build-transit permit. Then with the State Dept, of Health and Mental Hygiene prior to builAPORTANT: If them 21 is marked or them 18 shows any injury TO FUNERAL DIRECTOR: After this certificate has by

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may be

completely filled in by the funeral director, page 3 ond 2 should be filed within 72 hours after death

IMPORTANT: If Hem 21 is marked or Hem 18 shaws any injury, or ather traumatic event, the

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending should be detached for use as the burial-transit permit. Then please remove cort with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or

retained by the haspital or attending physician.

BP. DHMH - 16 50M 4/82

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		DECEASED NAME FIRST WOOD L.				G	RAY, S	R.	20. DATE OF DEATH		2,1987	Zb HOUR
	3. SE)	MALE		Whi.	TE	S. DATE C		18	6. AGE (IN YEARS LAST	8/ YRS.	MONTHS DATS	
1	TO BIRTHPLACE (STATE OR FOREIGN TO CITIZEN OF WHAT COUNTY U.S. P. 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NUMBER OF HO		S. A.	WIDOWE		0 🗆	9. BALTIMORE CITY BALTI		-	TY MD.		
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4	13a. S	Md	G HOME OR G		BALTIA	/N	136 INSIDE CITY LIM			16/16, To	N AVE	21234
14. FATHER'S NAME ROBERT LEROY G						Y MARGARET B. FLINT						
1		VAS DECEASED EVER IN YES, NO OR UNKNOWN)		MED FORCES? WAR OR DATES)	2/3-03-2	469	ELIZA DE	Th	M. GRAY	2616C		
		Canditians, if any, or gave rise to imme cause (a), stating	S CAUSED MMEDIATI which ediate the	DUE TO, O	CATAL R AS A CONSEQU R AS A CONSEQU	Dres ENCE OF	giratou	9	arres	F	- SC1 W2EP	IXMATE INTERVAL H OMSET AND DEATH
	NOI	PART 2. OTHER SIGNIE	FICANTO	Memo	tia (and	PNULL	IE TERMI		ONDITION GIV	VEN IN PART 1	(a
7	CERTIFICATION	190 DATE OF OPERATION	NO	196 COND	ITION FOR WHICH	N WAS PERFORMED		200 AUTOPSY? 20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES YES NOT YES T			INGS USED S OF DEATH?	
)	MEDICAL CER	210. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER NOTIFY MEDICAL 216. INJURY OCCURRE	USE OF DEAT	P.	OF INJURY M. MONTH D. M. OF INJURY	AY YEAR	ZII. LOCATION	OCCURR	ED (ENTER NATURE OF II			
	ME	WHILE NOT WHILE AT WORK 220.1 certify that (1) (1)			REET, FACTORY, OFFICE, I	FARM, ETC)	STREET			TOWN	19	, that (1) we last
		saw the deceased above, (I) (we) (did 22b. SIGNATURE	oli (did nat	Pelant Iview the bady	after death.		nd that in (my) (aur) a	ipinian d	leath occurred an the	date and had		e causes stated E SIGNED
		Cathorine Marc 22d. PHYSICIAN'S NAME (IVPE OR PRINT)			anco		ATTEND PHYSIC 22e ADDRESS	IAN	MEDICAL S DIRECTOR PHY	TAFF	17/2	3/67
100	23a, B	MAR. BURIAL, CREMATION, RE	MOVAL	23b. DATE	236.1	NAME OF C	John EMETERY OR CREMA	TORY	TOOKINS 173 LOCATION	1105	pita	1
1	(BURIAL JNERAL DIRECTOR		JULY 2	· 10 1000	1	HS OF FA		BALTIN		COUNTY	Md.
-	HA		HER	752	7 HARFE	ird .	Rd "	70	1987		~ lo transli	un gendans

STATE OF THE STATE

ROBERT RECOR ALTENBURG ADELINERAL HOME, INC.

6009 Harford Rd., Balto., Md.

07/84

DHMH - 17

(VR A15 ME (5))

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIEN
CERTIFICATE OF DEATH

-11	V	FOR	DEPART	MENT OF I	HEALTH AND MENTAL HYG	IENE	0 / 1 1						
1	7-	STATE REGISTRAR		CERTIF	FICATE OF DEATH	8 7 REG. NO.	9011						
5	D	EASED NAME FIRST	MIDDIE	100	LAST	28 DATE OF DEATH MONTH	DAY YEAR 26 HOUR						
H	(TYPE	- Robert	Joshua	Gre	een	7	1187 10PM						
	3. SE)	X	4. RACE		OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS						
		Male	Black	MONT	b 19 27	59	MONTHS DAYS HOURS MIN.						
1	7a. BII	RTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF WHAT COUNTRY	? 8		9 BALTIMORE CITY OR COU							
1		MD.	USA	WIDOW	D NEVER MARRIED XX	Baltimore (
1	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE	NG HOME	OR OTHER INSTITUTION	12a USUAL OCCUPATION	126 KIND OF BUSINESS OR						
+		Baltimore	Union Memori	al Ho	spital	Unemployed.	- INDUSTRY						
1	USUA 13a S	AL RESIDENCE (# NURSING HOME OR STATE 13b COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORM 136. CITY OR TO		113d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP C	ODE						
1	M	iarvland	Baltimo		YES NO	313 E. 23rd.							
		THER'S NAME	MIDOLE LAST		15 MOTHER'S MAIDEN NA		LAST						
	J	loseph	Green		Emma	MIDDLE	Jones						
	16a V	VAS DECEASED EVER IN U.S. AR		URITY NO.	17 INFORMANT	ADDRESS							
		YES, NO OR UNKNOWN) (15 YES, GIV	220-18-	8512	Robert Spence 313 E. 23rd. St. 21218								
			nly one couse per line for (a), (b), a	_			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH						
	1	PART I. DEATH WAS CAUSE IMMEDIA	5 Months										
П	-	DUE TO, OR AS A CONSEQUENCE OF											
	-	Conditions, if ony, which	(Ib)	DEINCE OF									
		gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQU	ITNICE OF									
١		underlying couse lost.	DUE TO, OR AS A CONSEQU	JENCE OF									
		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	I GIVEN IN PART 110						
	NO O												
7	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED		F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?						
Shanis	TIF					YES NOW	YES NO						
.7	CER	210. ACCIDENT WAS UNDERLYING		DAV VEAD	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEA	n 18 PART I OR PART 2)						
7	¥	OR CONTRIBUTING CAUSE OF DEA	NID .	19									
	MEDICAL	214 INJURY OCCURRED	21e. PLACE OF INJURY	f.D. FIG.	211 LOCATION	CITY OR TOWN	COUNTY STATE						
	2	AT WORK AT WORK	(AI HOME, SINEEL, PACION), OFFICE	, PARM, EIC J									
			ottended the deceased from	Jul	4 LO , 19 87	10 Taly							
		sow the deceased alive on	ot) view the body ofter death.	87.0	nd that in (my) our) opinion	death occurred on the date and	hour and from the couses stated						
	(226. SIGNATURE			DEGREE	- 0	226 DATE SIGNED						
		Vitar	1. Mark 1	M	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	1 4/11/5						
1		220 PHYSICIAN'S NAME (TYPE'S	OR PRINT)		22e. ADDRESS	/							
		Patrice W. Mi	ller, M.D.		Unic	on Memorial Hos	spital						
		BURIAL, CREMATION, REMOVAL	23b. DATE 23c.	NAME OF	CEMETERY OR CREMATORY	23d LOCATION	COUNTY STATE						
	É	Burial	7/16/87	Baltim	ore Cemetary	Baltimore,	Md . STATE						
	_	INERAL DIRECTOR	•		I 75 DAT								

DHMH - 16 60M 7/84 (VRA 15, 4)

BP

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, ar ather troumatic

Wm. C. March F/H 1101 E. North Ave.

1 1 1 5 1997 Julia Deviden Rondon

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE AUG MEDICAL EXAMINER'S CERTIFICATE OF DEA I. DECEASED NAME 20. DATE KNOWN Green [TYPE OR PRINT] OF H. IF ANY DELAY IS NECESSARY, PLEASE
7.2. AND 31 OTHE FUNERAL DIRECTOR.
8.3. RETAIN PAGE 5 FOR YOUR FILES.
7.2. SHOULD BE ALLED, WITHIN 22 HOULD.
10.1. RECORDS, 201 W. PRESTON STREET, DEATH MATED Tiffany 25/19 87 Greene 3. SEX 4. RACE IF UNDER 24 HRS 24 HOUS 2c. DATE DAY PRONOUNCED DEAD female black 1987 25/19 87 P 7g. BIRTHPLACE 9. BALTIMORE CITY OR COUNTY OF DEATH WHAT COUNTRY? MARRIED NEVER MARRIED FOREIGN COUNTRY) Md WIDOWED DIVORCED Baltimore City II. CITY OR TOWN OF DEATH 17h KIND OF BUSINESS Sinai Hospital Baltimore 13e. STREET ADDRESS 13a. STATE Md Baltimore 5038 Clifton Avenue 21217 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME IOURS AFTER DEATH.
118. GIVE PAGES 1, 2
G WITH FORM PM 3
MIT. PAGES 1, AND 2
14. DIVISION OF WITH MIDDLE LAST Dwight Green Claborne Yvonne 17. INFORMANT ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. (YES, NO, OR UNKNOWN) I (IF YES, GIVE WAR OR DATES! 5038 Clifton Avenue Yvonne Green No 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Sudden Infant Death Syndrome IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in 19g. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO T

EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG W TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. AFTER DEATH WITH THE STATE DEPARTMENT OF HALTH AND MENTAL HYGENE, D BALTIMORE, MARYLAND, 21201 PRIGR TO BURIAL, CREMATION, OR REMOVAL. CERTIFICATION 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21d INJURY OCCURRED 21f LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN Autopsy X 22a. I certify that I took charge of the remains described above, held on Inspection Notural couses K deoth resulted from: Accident Suicide Homicide Undetermined manner TITLE (SPECIFY) Assistant MEDICAL EXAMINER SIGNATURE

07/84 25M

DHMH - 17 (VR A15 ME (5)) 230.BURIAL, CREMATION, REMOVAL 236 DATE 7/30/87 Burial

EXAMINER'S NAME

(TYPE OR PRINT)

24 FUNERAL DIRECTOR

Cedar Hill Cemetery

Margarita A. Korell, M.D. 23c. NAME OF CEMETERY OR CREMATORY 111 Penn St. 238 LOCATION

Anne Arundel

250. DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE

s Min

7/26/87

STATE

Wm. C. March F/H West 4300 Wabash Avenue

JUL 3 1 1987

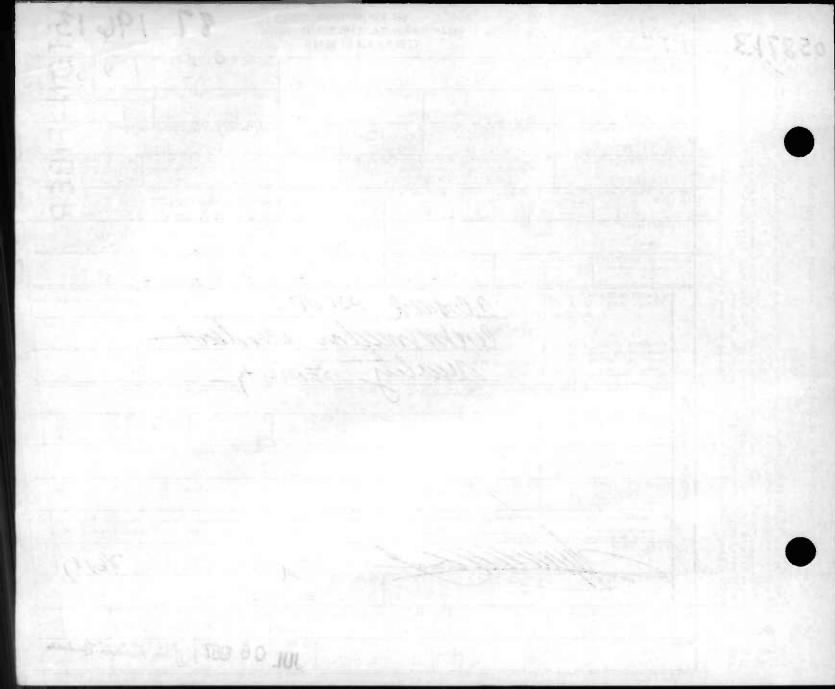
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

47	196	12
0 (116	10

-	FOR STATE REGISTRAR		DEPARTA		HEALTH AND MENTAL HYG	DIENE &	0.	16 V)	
I	1 DECEASED NAME FIRST		MIDDLE	1	LAST	26. DATE OF DEATH	MONTH DAY	YEAR 26 H	HOUR	
ı	Nel	son J	oseph	Gre	eenfield, Sr.	37 7	7 3 8	37 99	30 PM 5	
1	3. SEX	4. RACE		5. DATE C		6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER	DATS HOU	NDER 24 HRS	
ı	Male	White		MONTH 6	10 1897	90	YRS	DATS HOU	IRS MIN.	
-	To. BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	D A NEVER MARRIED	9. BALTIMORE CITY C		ATH		
1	Maryland	U.S.A		WIDOWE		Baltimor	ce City		MD.	
1	10. CITY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPATE	ION 12b I	KIND OF BUS		
1	Baltimore	925 J	oh Avenue	5		Genl. Fore		pper *		
1	USUAL RESIDENCE (IF NURSING HOM 130 STATE 13b. CO	NOTUTITION OF THE PROPERTY OF	GIVE RESIDENCE BEFORE		1134. INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE			
1	Maryland		Baltimor	e	YES NO	925 Joh Av	renue 212	229		
J	14 FATHER'S NAME	WIDDIE	LAST		15 MOTHER'S MAIDEN NA	ME		LAST		
1	John		Greenf	ield	Charlotte	A.	Tì	nompso	n	
T	160 WAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRI	SS			
	YES	Ww II				shamer 801 Kent Terrace 21157				
I	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA	r only one cause per	line far (o), (b), one	180.1	ORCOM		86	APPROXIMATE I	AND DEATH	
1		DIATE CAUSE (a)	uceura	rex	mocoy.					
I		DUE TO, O	PASONS OU	NCE OF	ellas 1	produce	1			
1	Conditions, if any, which	(b)_	WEIN	11/10	accero a	cermen				
	cause (a), stating the underlying couse lost	DUE TO, O	R AS A SOLVE OUE	rf.	to cons	11				
	PART 2. OTHER SIGNIFICAL	(6)	ON TRIBUTING TO	w	OT RELATED TO THE TERM	479	DITION CHIEN IN I	ADT 1		
1		AL COMPLIONS C	SIN KIBUTING TO L	DEATH C	OT RELATED TO THE TERM	IIIVAL DISTASE OR CON	DITION GIVEN IN P	ART IId		
Н	20 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19b. COND	ITION FOR WHICH	OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE			
	DIF						YES NON YES N			
1	210. ACCIDENT WAS UNDERLYING				21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR I	PART 2)		
4	an contraction of Course of	DEATH	M. MONTH DA	AY YEAR						
ı	(IF EITHER, NOTIFY MEDICAL EXAM	21e. PLACE	OF INJURY		21f. LOCATION	CITY OR TO	WN COL	INTY	STATE	
1	WHILE NOT WHILE AT WORK	TAT HOME, ST	REET, FACTORY, OFFICE, F	ARM, ETC.)	SINCE	CITTORIO			STATE	
Ī	220.1 certify that (1) (this h	ospitol) ottended th	e deceosed from_		, 19	, ta		, that ((I) (we) last	
ı	saw the deceased alive	on I view the body	after death.	a	nd that in (my) (our) opinian (deoth accurred on the d	ate and hour and fr	om the couse	es stated	
1	278 SIGNATURE	lune	101	- /	REE			DATESIGN	1ED	
	14	uuci	46	/	ATTENDING PHYSICIAN	MEDICAL STA		16/8	9	
٦		TE OF PRINT)			22e ADDRESS			1		
1	Heredia			1000	413 Common	wealth Ave.				
1	230 BURIAL, CREMATION, REMOV				EMETERY OR CREMATORY	23d LOCATION	INWO?	٧.	SLATE	
	Cremation	7/6/8	/ Se	curit	y Process Cre			imore	Md.	
	24 FUNERAL DIRECTOR	1	ADDRESS	212		E REC'D. BY REGISTAAR	256. REGISTRAR'S 9	HGNATH	dallo	
1	Hubbard Funera	I Home, I	nc. 4107	MITKE	ens Ave.	T a a mai	0			

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.



2	/		1.	FOR STATE REGISTRAR			DEPARTN	NENT OF H	E OF MARYLAND EALTH AND MENTAL H ICATE OF DEATH	YGIENE Meg. 1	57	196	,14
1603	0.4	JUL 2	29	RASED NAME	_{FIRST}		E.	Gre	if			DAY YEAR 26	2230 A
ge 4 mo	ector po		3. SE	x male		4. RACE White		5. DATE C		6. AGE (IN FEARS LAST B			UNDER 28 HRS
deoth. Po	funerol dir ithin 72 hou	36	Ma	RTHPLACE (STATE OR F COUNTRY) ryland ITY OR TOWN OF DEA		US		WIDOWE	NEVER MARRIED DIVORCED DO OTHER INSTITUTION	9 BALTIMORE CITY Baltimor 120 USUAL OCCUPA	e City		MD BUSINESS OR
1201		¥4		Baltimore		(IF NOT IN SUCH FACILITY, GIVE STREET ADI Union Memorial AS OR OTHER INSTITUTION GIVE RESIDENCE BEFORE AD		l Hos	pital	RetSecre	of working life	Homemak	
AND 2	A.	183	13a.	aryland	13b. COU		Baltimo	N	134 INSIDE CITY LIMITS? YES 🔼 NO 🗌	5307 Fran	kford	Ave. 21	206
MARYL red with	ond 2 s		14. F/	Touis]	Imest	Schaub		is mother's maiden i	e widdle		oppelmän	n
IMORE,	n ond co	medicol		VAS DECEASED EVER YES. NOOR UNKNOWN)		RMED FORCES? VE WAR OR DATES)	216-32-2		Albert C.	Greif 5307		ord Awe.	2120
Mary De August 18 Cause of Dead of ST., BALT I DE ALT I D			AS CAUSE	TE CAUSE (0)	cardio	pul	monary a	mest		APPROXIMA BETWEEN ONS	TE INTERVAL SET AND DEATH		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND NG PHYSICIAN: The low requires that the death certificate be executed with	by the otteno	other troumo		Conditions, if any, gove rise to imm couse (a), statin underlying couse	nediote g the	the DUE TO, OR AS A CONSEQUENCE OF						24	the
RDS, 201	Then plec to buriol	njury, or	NO	PART 2. OTHER SIGN	NIFICANT	CONDITIONS CO			NOT RELATED TO THE TE	RMINAL DISEASE OR COM	VDITION GIVE	EN IN PART 110	
AL RECOI	hos beer t permit.	l ows ony	CERTIFICATION	190 DATE OF OPERAT	TIÓN	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	YES X NO	20b. IF YES, IN CERTIFY YES	, WERE FINDINGS YING CAUSES OF	S USED DEATH?
OF VIT	g physici ertificate riol-transi	Item 18 sh		210. ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DE	AIII	M. MONTH DA	Y YEAR	21¢ HOW INJURY OCC	URRED (ENTER NATURE OF INS	URY IN ITEM 18 PA	ART I OR PART 2)	
IVISION	offendin fler this of sthe build hond Me	rked or f	MEDICAL	21d. INJURY OCCURR		21e PLACE	OF INJURY REET, FACTORY, OFFICE, FA	ARM ETC)	211 LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
ATTENDIF	CTOR All for use a	n 21 is mo		22a I certify that (I) sow the decease above, (I) (we) (d	d alive or	7	117 19 8	10m	that in (my) (our) opinion	on death accurred on the			of (II (we) lost uses stated
TAL OR	RAL DIRE detoched tote Dept	NT: # hen	3	226. SIGNATURE	lie (2. Bei	8	MI		MEDICAL STA	AFF ICIAN 🔀	7/17	187
HOSPI	orned b FUNE ould be of the Si	PORTA		22d PHYSICIAN'S NA Wendie		Berg, M.	D.		22e ADDRESS Unio	on Memorial I	Hospita	al	

23c NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/84

(VRA 15, 4)

23a BURIAL, CREMATION, REMOVAL

7-21-87 Burial 24 FUNERAL DIRECTOR

23d LOCATION
CHYORIOBAltimore, Ma rylandie Parkwood Cemetery

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

JUL 21 1987 guina Danier K

year appealing the same of the same

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N	24	fille
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MA	o o	and C
RE,	To Sale	es se
IN O	9	Pog.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21207	ote	pers
1	of it	phy ome
NO	th ce	din
EST	den .	000
. P.	4/	4
3	10 l	
5, 20	1	4.53
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SIO	PHY	this he b
DIV	NG	After os t
	END olo	DR: Use
	ATT	ECTC of fo
	OR he h	DIR
	O HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours offer death. Page 4 retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been supported by the composite of filled in by the funeral director should be detached for use as the burnal-transference of the composite of the burnal transference of the composite of the compo
	OSP	ld b
	eto:	Show

BP_ DHMH - 16 60M

	1 -	FOR FILM G629 I	tem 5 per Fil	EPARTMENT OF H	EALTH AND MENTAL HYG	IENE	. (2	, 1	in the
		REGISTRAR 7-24-87	SB	CERTIF	ICATE OF DEATH	B / REG. NO	9	0 1	3
JUL Z	EE G	SED NAME FIRST	MIDDLE		AST	20. DATE OF DEATH	MONTH DAY	YE AR	26 HOUR
	4	Richan	d Karl	Gre	iner	11218	7		1,35
3.	SEX	M	4. RACE	5. DATE O		6. AGE (IN YEARS LAST BIR	HDAY) IF UN	DER 1 YEAR	IF UNDER 2
		-11	W	081	-24-1922 YEAR	64	YRS.	TIS DATS	NOUKS
5 70.	. BIR	THPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COL	JNTRY? 8	NEVER MARRIED	9 BALTIMORE CITY O		DEATH	
0	CC	THPLACE (STATE OR FOREIGN	USA	WIDOW		Bestim	re Cit	2	
10.	. CIT	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL,		OR OTHER INSTITUTION	120 USUAL OCCUPATION		Zb. KIND O	F BUSINES
3	130	1tonore	(IF NOT IN SUCH FACILITY, GI	Loch Ray	ren V.A. Hosp.	Drug Coun	selor	NDUSTRY	
9 U	SUAI 3a. ST	RESIDENCE (IF NURSING HOME OR ATE . 136 COUN			13d. INSIDE CITY LIMITS?	12. STREET ADDRESS	ZID CODE		
a -		nd toal		OK TOWN	YES NO	13e.STREET ADDRESS	then A	ve_	212
14	FAT	HER'S NAME			15. MOTHER'S MAIDEN NAM	ΛE			
Nox O	F	lichard Karc		iner	Blanche.	Bertman		Robe	nte
	a.W.	AS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIA	AL SECURITY NO.	17 INFORMANT	ADDRE		1000	1 05
medi	-	S, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES) 213	126578	Doris A. Gr	einer Same	90 130		
/ =	-	8 CAUSE OF DEATH (Enter on		(h) ==d	DOLLS A. GI	cinei, bane	as 1)e	APPROXU	MATE INTERV
	ľ	PART I. DEATH WAS CAUSE	D BY:	alvanin	Down Am	est		BEIWEENC	ONSET AND
6		IMMEDIAT	E CAUSE (o)	aropoin	TOTAL OF THE				
90			DUE TO, OR AS A COL		11 - 6	11.0	100		
100	4	Conditions, if ony, which gove rise to immediate	(b) CO	rightine	. Heave T	anore			-
1	Я	couse (o), stoting the underlying couse lost.	DUE TO, OR AS A COL	NSEQUENCE OF			-1111		
		onderlying coose lost.	((c)						
0	- 1-		107						
2		PART 2 OTHER SIGNIFICANT C		0 - 1	NOT RELATED TO THE TERMI	INAL DISEASE OR CONI	OITION GIVEN I	N PART I I	1
NO.		Coronary A	very Ds	MOOI					
CATION				MOOI		NAL DISEASE OR CONT	20b. IF YES, WE	RE FINDIN	IGS USED
A STEECATION		Covoncy A	196 CONDITION FOR	MOOI	N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WE IN CERTIFYING YES	RE FINDING CAUSES	IGS USED
	CERTIFICATION	90 DATE OF OPERATION	196 CONDITION FOR	100M WHICH OPERATIO		200 AUTOPSY? YES NO	20b. IF YES, WE IN CERTIFYING YES	RE FINDING CAUSES	IGS USED OF DEATH
	CERTIFICATION	90 DATE OF OPERATION 10. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	196 CONDITION FOR 196 CONDITION FOR 105 CONDITION FOR 106 CONDITION FOR 107 P.M.	WHICH OPERATION TH DAY YEAR 19	N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WE IN CERTIFYING YES	RE FINDING CAUSES	IGS USED OF DEATH
	CERTIFICATION	90 DATE OF OPERATION 10. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEAL (IF EITHER, NOTIFY MEDICAL EXAMINER OLD INJURY OCCURRED	196 CONDITION FOR 216. TIME OF INJURY HOUR A.M. MON	WHICH OPERATION TH DAY YEAR 19	N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WE IN CERTIFYING YES THE TERM TO PART TO	RE FINDING CAUSES	IGS USED OF DEATH NO
9 3	CERTIFICATION	90 DATE OF OPERATION 10. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	196 CONDITION FOR 216. TIME OF INJURY HOUR A.M. MON P.M. 216. PLACE OF INJURY	WHICH OPERATION TH DAY YEAR 19	N WAS PERFORMED 21c. HOW INJURY OCCURR 211. LOCATION	200 AUTOPSY? YES NO ED (ENTER NATURE OF INJUR	20b. IF YES, WE IN CERTIFYING YES THE TERM TO PART TO	RE FINDIN G CAUSES OR PART ?)	IGS USED OF DEATH NO
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	MEDICAL CERTIFICATION	90 DATE OF OPERATION 10. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER AT WORK 10. ACCIDENT WAS UNDERLYING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER CALL WORK 11. ACCIDENT WAS UNDERLYING CAUSE OF DEA (IF EITHER) 12. ACCIDENT WAS UNDERLYING CAUSE OF DEA (IF EITHER) 13. ACCIDENT WAS UNDERLYING CAUSE OF DEA (IF EITHER) 14. ACCIDENT WAS UNDERLYING CAUSE OF DEA (IF EITHER) 15. ACCIDENT WAS UNDERLYING CAUSE OF DEA (IF EITHER) 16. ACCIDENT WAS UNDERLYING CAUSE OF DEA (IF EITHER) 16. ACCIDENT WAS UNDERLYING CAUSE OF DEA (IF EITHER) 17. ACCIDENT WAS UNDERLYING CAUSE OF DEA (IF EITHER) 18. ACCIDENT WAS UNDERLYING CAUSE OF DEA (IF EITHER) 1	21b. TIME OF INJURY HOUR A.M. MON P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, tol) ottended the deceased	WHICH OPERATION TH DAY YEAR 19 OFFICE, FARM, EIC 1	N WAS PERFORMED 21c HOW INJURY OCCURR 211. LOCATION STREET	200 AUTOPSY? YES NO CONTENT NATURE OF INJURE CITY OR TOTAL	20b. IF YES, WE IN CERTIFYING YES YES YIN TEM 18 PART 11	CAUSES OR PART ?}	IGS USED OF DEATI NO
	MEDICAL CERTIFICATION	90 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER AT WORK NOT WHILE AT WORK NOT WHILE CAUSE OF THE AT WORK NOT WHILE CA	21b. TIME OF INJURY HOUR A.M. MON P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, tol) ottended the deceased	WHICH OPERATION TH DAY YEAR 19 OFFICE, FARM, EIC 1	21c HOW INJURY OCCURR 211. LOCATION STREET	200 AUTOPSY? YES NO CONTENT NATURE OF INJURE CITY OR TOTAL	20b. IF YES, WE IN CERTIFYING YES YIN ITEM 18 PART 11	CAUSES OR PART ?}	IGS USED OF DEATH NO
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MEDICAL MEDICAL	MEDICAL CERTIFICATION	90 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEAL (IF ETHER, NOTIFY MEDICAL EXAMINER AT WORK 220. I certify that (I) (this hospit sow the deceased alive on obove, (I) (we) (did) (did no 226. SIGNATURE	21b. TIME OF INJURY HOUR A.M. MON P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, tol) ottended the deceosed by view the body ofter death	WHICH OPERATION TH DAY YEAR 19 OFFICE, FARM, EIC 1	211. LOCATION 211. LOCATION SIREE1 19 and that in (my) (our) opinion of DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NO CITY OR TOUR CITY OR TOU TO MEDICAL STAF DIRECTOR PHYSIC	20b. IF YES, WE IN CERTIFYING YES YIN ITEM 18 PART TO	COUNTY	IGS USED OF DEATH NO ST
t lem 21 is morked or frem	MEDICAL CERTIFICATION	90 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEA (IF EITHER. NOTIFY MEDICAL EXAMINER LAT WORK ALWORK ALWORK CONTRIBUTION CONTRIBU	21b. TIME OF INJURY HOUR A.M. MON P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, tol) ottended the deceosed by view the body ofter death	WHICH OPERATION TH DAY YEAR 19 OFFICE, FARM, EIC 1	211. LOCATION STREET 19 nd that in (my) (our) opinion of PHYSICIAN	200 AUTOPSY? YES NO CITY OR TOUR CITY OR TOU TO MEDICAL STAF DIRECTOR PHYSIC	20b. IF YES, WE IN CERTIFYING YES YIN ITEM 18 PART TO	COUNTY	IGS USED OF DEATH NO
MPORTANT: If Item 21 is morked or Item	MEDICAL CERTIFICATION	90 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEA (IF EITHER. NOTIFY MEDICAL EXAMINER LAT WORK AL WORK AL WORK AL WORK (I) (we) (did) (did no 22b. SIGNATURE) 220. I certify that (I) (this hospit sow the deceased alive on above, (I) (we) (did) (did no 22b. SIGNATURE) 221. I certify that (I) (we) (did) (did no 22b. SIGNATURE) 222. I certify that (I) (we) (did) (did no 22b. SIGNATURE)	21b. TIME OF INJURY HOUR A.M. MON P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY tol) ottended the deceosed t) view the body ofter death	WHICH OPERATION TH DAY YEAR 19 OFFICE, FARM, ETC.] If from 19	216. HOW INJURY OCCURR 211. LOCATION STREET 19 and that in (my) (our) opinion of DEGREE ATTENDING PHYSICIAN 22e ADDRESS	200 AUTOPSY? YES NO CITY OR TO CITY OR TO Deoth occurred on the do MEDICAL STAF DIRECTOR PHYSIC	ZOB. IF YES, WE IN CERTIFYING YES YES YIN ITEM 18 PART TO YES YES YES YES THE ORD HOUSE ORD FIANDS	COUNTY d from the c 22c. DATE:	IGS USED OF DEATH NO S1/A sthat (I) (w. couses stot
MPORTANT: If Item 21 is morked or Item	MEDICAL CERTIFICATION	PRO DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING CORRECTION OR CONTRIBUTING CAUSE OF DEAL (IF ETHER, NOTEY MEDICAL EXAMINER AT WORK 220. I certify that (1) (this hospit sow the deceosed olive on obove, (1) (we) (did) (did not 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE O	21b. TIME OF INJURY HOUR A.M. MON P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, tol) offended the deceosed 1) view the body offer death R PRINT)	WHICH OPERATION TH DAY YEAR 19 OFFICE, FARM, ETC.] If from 19	211. LOCATION 211. LOCATION 211. LOCATION STREET 19 and that in (my) (our) opinion of DEGREE ATTENDING PHYSICIAN 220. ADDRESS LRVA	200 AUTOPSY? YES NO CITY OR TOWN CITY OR TOWN TO COMPANY MEDICAL STAP DIRECTOR PHYSIC	ZOB. IF YES, WE IN CERTIFYING YES YES YIN ITEM 18 PART TO YES YES YES YES THE ORD HOUSE ORD FIANDS	COUNTY	IGS USED OF DEATH NO St.

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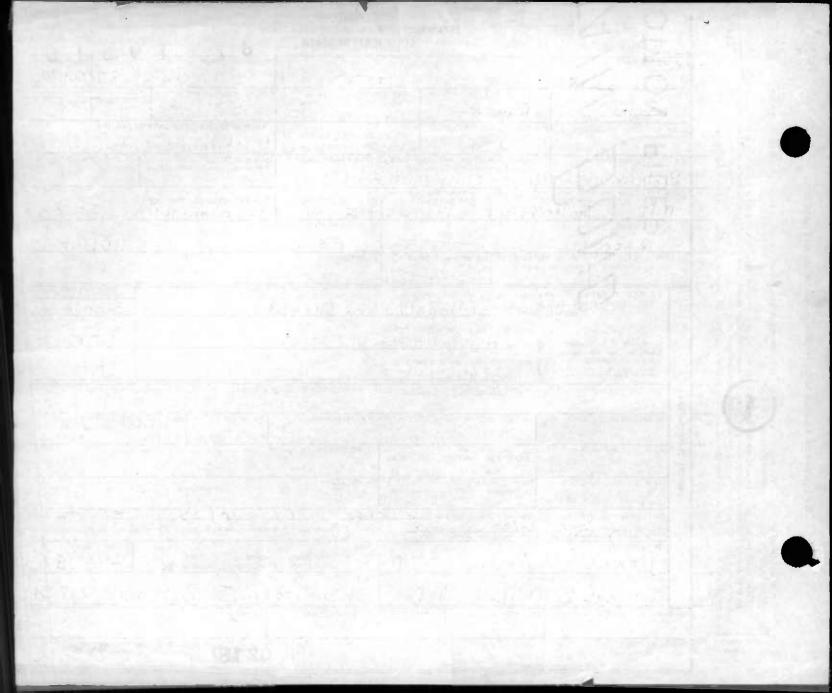
retained by the haspital or attending physician.

BP.

DHMH - 16 60M 7/ (VRA 15, 4)

TO FUNERAL DIRECTOR, after this certificate has been signed by the ottending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbompopers. Pages Yand 2 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

-	FOR Flim G629	Item 7a,17 DEPAR	TMENT OF HEALTH AND MENTAL HYG	GIENE	
10 15	7	omy Brd.SB 7-15	CERTIFICATE OF DEATH	REG. NO.	MONTH DAY YES 76 HOUR
	TYPE OR PRINT)	MIDDE	0	13: 0	
	James	Lines	G TOSS	6 AGE (IN YEARS LAST BIRTI	
3.	SEX	1. RACE Black	MONTH DAY YEAR	AGE (INTERNSTAST BIRT	MONTHS DAYS HOURS MIN.
	male		06 18 30	31	YRS.
70	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	BALTIMORE CITY OF	0.11
2	M D	USA	WIDOWED DIVORCED	Baltimo	
X 10	Baltimore	(IF NOT IN SUCH FACILITY, GIVE STREET		170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	
U 13	SUAL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION, GIVE RESIDENCE BEFO	DRE ADMISSION)	13e STREET ADDRESS /	ZIP CODE
	MD Balt	o City Balt	IMORE YES NO [913 Benn	ett 13 lace 21223
14	FATHER'S NAME FIRST	MIDDLE LAST	15 MOTHER'S MAIDEN NA	WE	LAST
	& Leroy	Gro	oss Edna		Hollins
16	(YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES!		ADDRE	SS
	(100, 100 0110 1110 1110 1110 1110 1110	213-24	-1576 University	Hospital	
	18 CAUSE OF DEATH (Enter o	nly one couse per line for (o), (b), o	ond (c).T		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSE	TE CAUSE (0) Cardios	sulmonary Arres	+	30 minute
-	3 9 1	DUE TO, OR AS A CONSEQ	NIENCE OF		
1	Conditions, if ony, which	(b) Aspirat			19hr
	gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQ			0.1
	underlying couse lost.	Sea Z			900
		107	O DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR COND	DITION GIVEN IN PART Tro
2	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING				
3	190 DATE OF OPERATION	196. CONDITION FOR WHIC	CH OPERATION WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
				YES NO	YES NO
	210. ACCIDENT WAS UNDERLYING		DAY YEAR 21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART T OR PART 2)
1 3	OR CONTRIBUTING CAUSE OF DE	AIR	19		
	(IF EITHER NOTIFY MEDICAL EXAMINE 214 INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	211 LOCATION	CITY OR TOV	VN COUNTY STATE
1	WHILE NOT WHILE AT WORK	(ATTIONE, STREET, FRETONT, OTFICE	L. Tann, C.C.		
	22a 1 certify that (I) (this hosp	nitol ottended the deceased from	6/18/309 198	1.10 6/2	5 , 19 8 /, that (1) we) lo
g:	sow the deceosed alive or	of 12-5 19.	57, and that in (my) (our) opinion	deoth occurred on the do	te and hour and from the causes stated
8	226. SIGNATURE	of view the body offer debits.	DEGREE	49 - 32 -	22c DATE SIGNED
	Thomas It	Vilson-	M ATTENDING	MEDICAL STAF	
\dashv	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS	_ OMECION _ I III ON	
	Thomas S	. Wilson M	1) 315. Gr	een St B	Saltimore 2120
23	BURIAL, CREMATION, REMOVAI	23b. DATE 23c	NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
24	4 FUNERAL DIRECTOR		25q DA	TE REC'D BY REGISTRAN	PSI REGISTRAR'S SIGNATURE
4	NAME	ADDRESS	JUL	UZ 198/ A	and total about - Northeans



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201
O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be etained by the hospital or attending physician.
10 FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be filled within 72 hours after death and 2 should be filled within 72 hours after death
with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

BP.

DHMH - 16 60M 7/84

(VRA 15, 4)

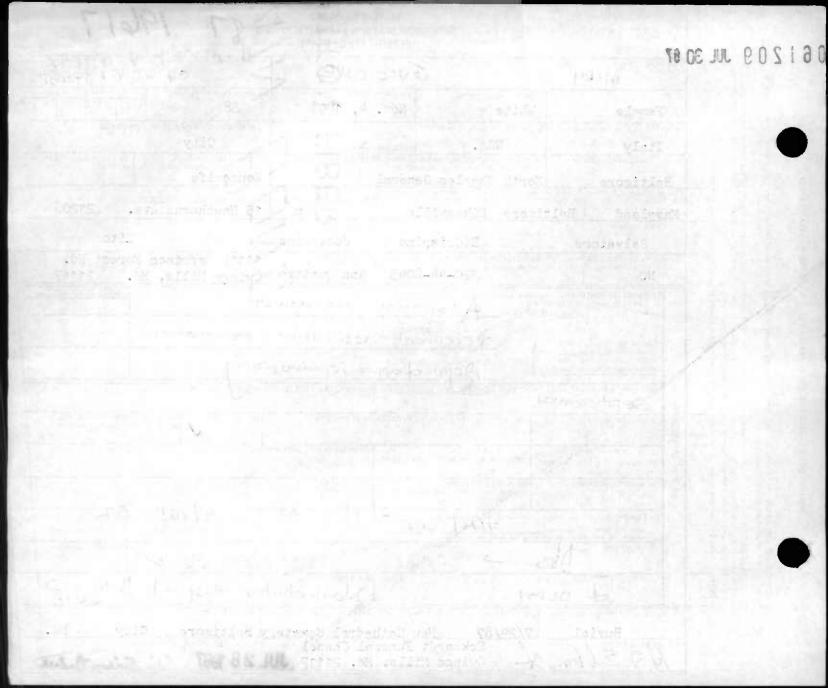
IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical

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FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	SIKAK			46,44.14	TAIL OF PLATE	REG.		0 :		
TYPE OR PRINT			AIDDLE 6		IONE	20 DM E OF DEATH	07:	16:87	4:05	144
3. SEX Fem	ale			S. DATE C	4, ⁰ 1898 YEAR	6 AGE (IN YEARS LAST BIRTHDAY) 88 YRS		MONTHS DATS	R IF UNDER 24 I	HRS NIN.
76. BIRTHPLA COUNTRY Ita		76 CITIZEN OF V	WHAT COUNTRY?	MARRIEI WIDOWE	D NEVER MARRIED D	9. BALTIMORE CITY	_	TY OF DEATH		MD.
	imore	(IF NOT IN SUC	HOSPITAL, NURSIN HEACILITY, GIVE STREET A harles Ge	ADDRESS)	OR OTHER INSTITUTION	126 USUAL OCCUP (TYPE OF WORK FOR MO Housewif	ST OF WORKING		OF BUSINESS	OR
	DENCE (IF HURSING HOME OF	other institution, NTY Cimore	GIVE RESIDENCE BEFORE 134. CITY OR TOWN Pikesvill	N	13d. INSIDE CITY LIMITS? YES NO 🔯	130 STREET ADDRESS 15 Hawth			21208	5
S S		MIDDLE	DiCrispi	.no	Josephine	WIDDLE		Zito		
		MED FORCES? (E WAR OR DATES)	220-44-8		Ann Quattro	11115 GW		Md.	21117	
Conc	AUSE OF DEATH LEnter or ART I. DEATH WAS CAUSE IMMEDIA: ditions, if ony, which e rise to immediate e (a), stofing the	D BY: IE CAUSE (o) DUE TO, OI	RASA CONSEQUE	NCE OF	preumonion preumonion de common	preum	one	APPRC BETWEE	DXIMATE INTERVA N ONSET AND DE	ATH_
NO C	2 OTHER SIGNIFICANT OF COMPATE OF OPERATION			NOT RELATED TO THE TERM	200 AUTOPSY?	20b IF Y	ES, WERE FIND	INGS USED		
WHILE AT WOR	716 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 716 INJURY OCCURRED 716 INJURY OCCURRED 719 PLACE OF INJURY AT WORK AT WORK AT WORK 710 (I) (this hospital) attended the decease sow the deceased alive on above, (I) (we) (did) (did not) view the body after debtate.			19 ARM, ETC.)	211. LOCATION STREET 211. LOCATION STREET 19.01 and that in (my) (aur) apinion a DEGREE ATTENDING PHYSICIAN	city of	R TOWN	COUNTY	51A1 ., that (I) (we)	lost
22d PI	HYSICIATI NAME (TYPE C	STA			22e ADDRESS North cha		plan	Baln	CIM .	
(SPECIFY)	CREMATION, REMOVAL Burial L DIRECTOR	7/29/8	Nev Eckhardt	v Cath Funer	emetery or crematory nedral Cemeter ral Chape 250 DATI	E REC'D. BY REGISTR	re	City STRAR'S SIGNA	Md.	
14.	y. cenulus		Owings Mi	LITE,	Md. 21117 J	1 40 1301	Markey	a Sander	· Pandall	10



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death. Page Aretained by the hospital or ottending physician. TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 should be filled within 72 haurs a with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal. IMPORTANT: If them 21 is marked or them 18 shows any injury, or other troumatic event, the medical examiner must be natified at once.
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	STATE OF MARYLAND
FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGI CERTIFICATE OF DEATH

)	1-	FOR STATE REGISTRAR			CERTIF	EALTH AND A		8 / REC	s. NO. 1 9	5 1	8
1			4	ola to	Haga S. DATE C		*Ø5	July 6. AGE (IN YEARS LAS	5, 1987	IF UNDER 1 YEAR	26 HOUR A. 9:00 M
	C	RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland TY OR TOWN OF DEATH	76 CITIZEN OF	WHAT COUNTRY?	WIDOWE		ARRIED O	9 BALTIMORE CIT Baltim	ore (it	y	MD
)		Baltimore	IF NOTH SUC	South Col	nklin	g Stree		TYPE OF WORK FOR MO	OST OF WORKING LIFE		Home
1	13a. S	AL RESIDENCE (IF NURSING HON TATE 13b. CO	DUNTY	136. CITY OR TOWN	1	13d INSIDE CI	TY LIMITS?		SS / ZIP CODE onkling	6 / /	21224
)		William	MIDBYE	Lambdi		A	ina	MIDDI		Meyers	
		VAS DECEASED EVER IN U.S.	ARMED FORCES?	218-60-		17 INFORMAT		Hagan 706	2 Eastb	rook Ave	e. 21224
	TION	18. CAUSE OF DEATH (Enter PART I. DEATH WAS CA IMME! Conditions, if any, which gove rise to immediate cause (a), stating the underlying couse lost PART 2. OTHER SIGNIFICAL 190. DATE OF OPERATION	R AS A CONSEQUE	NCE OF			INAL DISEASE OR C		EN IN PART TIO		
1	CERTIFICATION	190 DATE OF OPERATION	1178. CONDI	TION FOR WHICH C	DPERATIO	N WAS PERFO	(MED	YES NO	IN CERTIF	YING CAUSES C	DF DEATH?
	MEDICAL	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OIL (IF EITHER NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK NOT WHILE OBVER, (I) (we) (did) (did 22b. SIGNATURE) 22d. PHYSICIAN'S NAME (T)	PEDEATH HOUR A. P. 21e. PLACE (AT HOME, STR cospital) oftended the con d not) view the body	M. MONTH DAM M. DF INJURY LET, FACTORY, OFFICE, FA e deceased from ofter death. Caul	rm, etc) for MD	211 LOCATIO STREET Add that in (my) DEGREE A P 22e ADDRESS	, 19 BO our) opinion of HYSICIAN B B 34	deoth accurred on the	or IOWN	COUNTY	
	(URIAL, CREMATION, REMOV SPECIFY) Burial INERAL DIRECTOR harles S. Zeic	7-9-	87 Sa	ecred S.Coi	Heart on the second of the sec	of Jesu	23d LOCATION CITY OF TOW Dunday	1/2 Balto	COUNTY Md.	STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

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	Ten.	/	FOR			HEALTH AND MENTAL HYG	HENE	0 6 1 9
9 0	1	10	STATE REGISTRAR		CERTI	FICATE OF DEATH	8 / REG. NO.	9 0 1
	X	1. DE	CEASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
35/	0		OR PRINT) CA HERST	ine N		Hall	Jul	0,.00.10-1M
0		3. SE	· P	A RACE DIL	attitude to the same of the sa	OF BIRTH TH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HRS
rs of			+	DIF	- D MON	36 38	4-9 YR	
hoo	50	7s. BI	RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT	COUNTRY? 8 MARR	NEVER MARRIED	9 BALTIMORE CITY OR COU	NTY OF DEATH
250	35		Diesto, Md	USI	WIDOW		Battomer	e Cety MD.
e -	100	10 CI	TX OR TOWN OF DEATH			OR OTHER INSTITUTION	120 USUAL OCCUPATION	12h KIND OF BUSINESS OR
by th	\$ X		Bultmore	auver	TY, GIVE STREET ADDRIAS)	d Hospital	INFM DIOUAL	INDUSTRY
be f	be	130. S	AL RESIDENCE (IF NURSING HOME)	DROHER INSTITUTION, GIVE RE	SIDENCE BEFORE ADMISSION		13e STREET ADDRESS ZIP CO	2/100
filted	The same	150.	MA 100	Dimore B	out hose	YESNO NO [3090 6000 N	ALL ROLAPIF
2 sh	Jul Park	14. FA	THER'S NAME	MIDDLE	1.007	15. MOTHER'S MAIDEN NA	ME	
Supple ond	() ()		FRANK	MIDDLE	AU	FUNICE	MIDDLE	JOHNSON
e d	icol	I 6a. V	AS DECEASED EVER IN U.S. A		OCIA SECURITY NO.	17. INFORMANT	ADDRESS	, 21206
Pog	medico		(IF YES, C	TVE WAR OR DATES)	7-34-328	2 Walter H	All 5000 G	and NAW Rd. Aut.
skid pers.	the .		18 CAUSE OF DEATH (Enter of	only one couse per line fo	£(a), (b), and (c).)	۸	6. 1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
phy noon	vent		PART I. DEATH WAS CAUS	SED BY:	andro	rulmen	an credit	20hrs
arbo or re	tic e		IMMEDIA		CONICEONENCE OF	0	10:	
ve co	o E		Conditions, if ony, which	DUE TO, OR AS	CONSEQUENCE OF	coronery 6	weer love	eso. SpCABG-
emo moti	r tro		gove rise to immediate couse (a), stating the	18)	SOLUE OUT USE OF		FUNG	
by the	othe		underlying cause last.	DUE TO, OR AS A	CONSEQUENCE OF	hilano	Deserre Des	20 hrs
plec	0 '		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIE	BUTING TO DEATH BL	IT NOT RELATED TO THE THEM	NAL DISEASE OF CONDITION	GIVEN IN PART TIO
Then to b	in in	Z O	Source	distrib	Les I	leaster	Well Hug	
mit.	20	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION	FOR WHICH OPERATI	ON WAS PERFORMED	ALITOPSY? 206 IF	YES, WERE FINDINGS USED
hos	Swo	I E	7/2 787	Quaru	a Dultio	le Vessel Coran	VES N NOT	RTIFYING CAUSES OF DEATH?
cofe	\$ 0	GE	210. ACCIDENT WAS UNDERLYING		RY COLLA	21c. HOW INJURY OCCUR	RED (ENER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)
certific priot-tr	E	4	OR CONTRIBUTING CAUSE OF D		NONTH DAY YEAR			
buri Mer	ž l	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJ	URY	211. LOCATION	CITY OR TOWN	COUNTY STATE
the the	ked	Z	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FAC	TORY, OFFICE, FARM ETC)	ZIMEET	CITORIOWN	COUNTY
Afte os	Bon	-	220.1 certify that (1) (this has	oital attended the dece	osed from Jul	1 198	1 10 July 6	19 7 that (I) (we) lost
for us	5.		sow the deceased alive a	2 July 4	19 (and that in (my) (our) opinion	death occurred on the date and	hour and from the causes stated
REC.	E		22b. SIGNATURE	not) view the body after a	leoth.	DEGREE		221 DATE SIGNED
toch e De			the x	1/ Trad	1 - 6	ATTENDING PHYSICIAN		Bluean
FUNERAL I	Z T		22d PHYSTCIAN'S NAME (TYPE	OR PITIND)	7	772 ADDRESS	DIRECTOR THISTEIN	1-1-01
should be	MPORTANT		Stoven R.	Gundan				V
Of ods	¥-	730 5	BURIAL CREMATION, REMOVA	L Z3b. DATE	73, NAME OF	CEMETERY OR CREMATORY	23d LOCATION	
			Burial	7/11/87			CITY OR TOWN	COUNTY STATE
	-		UNERAL DIRECTOR	//11/0/	HU. A	uburn Cemetary	Baltimore. E REC'D. BY REGISTRAR 256 REC	Md. BISTRAR'S SIGNATURE
14 404	4 7 /0 /							

Alia Tindon Pandale

DHMH - 16 60M 7/84 (VRA 15, 4) Wim. C. March F/H 1101 E. North Ave.

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FOR - STATE

STATE OF MARYLAND

DEPARTMENT	OF HE	ALTH	AND	MENTAL	HYGIENE
CEI	PTIFE	CATE	OF	DEATH	

KE	GISTRAR						6	REG. NO.	9 6	1	
	SED NAME FIRST		MIDDLE	1	AST		20. DATE OF D	EATH MONTH	DAY YEAR	26 HOUR	20
4.01	GREGE	DR4 5	EROME	Hal	/		100	7/	3 87		OM
3 SEX	7	1/RACE		5. DATE C			6 AGE (IN YEAR	S LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 F	
	male	Black			MONTH DAY YEAR 7		38 YRS MO		MONTHS DAYS	HOURS	A IN.
78 BIRTHE		CE CITIZEN OF WHAT COUNTRY OF			- D NEVERA	ADDIED M	9. BALTIMORE	CITY OR COUNT	Y OF DEATH		
	MARYLAND USA WIDON			WIDOWE	D NEVER MARRIED DIVORCED			Baltimone CITY MD.			
IO CITY C	Baltimore Baltimore 11. NAME OF HOSPITAL, NURSING HOME (IE NOT IN SUCH FACILITY, GIVE STREET ADDRESS) MERCY HOSPITAL OCTOBER 1200 - 1000 -				PAL	ITUTION	120 USUAL OC (TYPE OF WORK FO SCHOOL	CUPATION OR MOST OF WORKING TEACHER			HOOL
SUAL RE	SIDENCE (IF NURSING HOME OF		GIVE MESIDENCE BEFORE		113d INSIDE CI	TV HANTES 1	12. STREET AD	DRESS / ZIP COL	BALTO	,mo.	
N	1D Bar	Throne	Baltin		YES T	NO [490	Cando	lin Au	e 212	15
14 FATHE	R'S NAME				15. MOTHER'S	MAIDEN NAM	ΛE				
T	HEODORE	PC657	ON HAD	L,SR		Theola		E,	BA	POOKS	
	DECEASED EVER IN U.S. A	RMED FORCES?	16b. SOCIAL SECU	RITY NO.	17 INFORMA	NI MRS	. 3	4crimoi	ee, mo,	2121	13
(TES, N	No.	IVE WAR OR DATES)	21756	7047	THEOL	A E. A	HALL 4	909 COI	ROELIA		
18	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY:							,	BETWEEN	MATE INTERVAL ONSET AND DEA	TH
	IMMEDIA	TE CAUSE (a)	Preuno	CysT	ses ca	rence	preumo	nen	5.7	week	
		AW DUE TO, O	RAS A CONSEQUE	NCE OF		Y 33 1 1					
	anditions, if ony, which	((b)_	Cryptoco	ecus	new to	mano	wennes	tis / sepsi	5 3 4	weeks	
	ove rise to immediate use (a), stating the	DUETO	R AS A CONSEQUE	NCE OF			0	/ /			
Un	derlying cause last.	(6)	Acquir		MILLED	dellia	ena				
PAI	RT 2 OTHER SIGNIFICANT	CONDITIONS			NOT RELATED	TO THE TERMI	INAL DISEASE C	OR CONDITION G	IVEN IN PART 1	O.	
	Acute soul :	2	6/120	1							
¥ 19a	DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	RMED	200 AUTOPS		ES, WERE FINDI		
CERTIFICATION 150							YES N	Aura I	IFYING CAUSES	OF DEATH?	
210	ACCIDENT WAS UNDERLYING	216. TIME O	F INJURY		21c HOW IN	JURY OCCURR		RE OF INJURY IN ITEM 18		140	
0.0	CONTRIBUTING CAUSE OF DE	- Allie	M. MONTH DA								
2 (1	FEITHER NOTIFY MEDICAL EXAMIN		M.	19	NI LOCATIO	NI.					
#	INJURY OCCURRED	21e PLACE (AT HOME, STI	OF INJURY REET, FACTORY OFFICE, F	ARM, ETC.)	211 LOCATIO)N		CITY OR TOWN	COUNTY	STATE	:
- 001	VORK NOT WHILE				1						
22 a	I certify that (1) (this has	oital) attended th	e deceased from_	6.6	7/6	19 87	, to	7/13	19 87	that (It (we)	last
	saw the deceased alive a abave, (1) (we) (did) (did)			87, 01	nd that in (my)	(our) opinian d	death accurred o	an the date and ha	our and from the	couses stated	i
22b	SIGNATURE	or new the budy	and deam.		DEGREE	10.00		Maria de la compansión de	22c. DATE	SIGNED	
	Melfo	Beine 1	n)			TTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF	7-	13-87	
22d.	PHYSICIAN'S NAME (TYPE	OR PRINT)			22e ADDRES	S		-			
	Melha	Beine	1000		Me	Rey Ho	Muchal	Belti	une	w	

BP.

TO FUNERAL DIRECTOR: After this

HOSPITAL

DHMH - 16 60M 7/84 (VRA 15, 4)

should be detached for use as the burial-transit permit. Then please with the State Dept. of Health and Mental Hygiene prior to burial, cr

IMPORTANT: If Item 21 is marked or Item 18 shaws any

23e. BURIAL, CREMATION, REMOVAL 23b. DATE 231. NAME OF CEMETERY OR CREMATORY

ARBUTUS MEMORIAL PK GWYNNS FALLS PKWY, BACTO, MD, ZIZIG JUL

750. DATE REC'D. BY REGISTRAR 750. REGISTRAR 5 SIGN SUBJECT STORY OF THE STORY OF T

STATE	OF M	ARYL	AND
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

7 REG.	NO	9	6	4		-
TE OF DEATH	MONTH	DAY	1	YEAR	26	H

C 1 7 1mm	2 07	REGISTRAR			CERTIF	ICATE OF DEATH	8	REG. NO) 4	0 4	
041 44	41 det	EASED NAME FIRST		MIDDLE	L.	AST		ATE OF DEATH	MONTH DAY	YEAR	26 HOUR
3 75	(TIPE	LONNII			111	ALL SI	R.	7/1	9/8	7	3 A
a b	3. SEX		4. RACE		5. DATE C			E (IN YEARS LAST BIR	(HDAY) IF U	INDER I YEAR	IF UNDER 24 HR
ge 4		MALE	BLAC	cK	MONTH 3	23 98	ğ	89	YRS.	THIS DATE	MIN.
Pod dir		OUNTRY)		WHAT COUNTR	Y? B	D NEVER MARRIE	Q BA	TIMORE CITY O	R COUNTY OF	DEATH	
Jeath. P		S.C.	0	SA	WIDOWE		0 0 1	ALTO	C1T4		N
er de fui	10. CI	TY OR TOWN OF DEATH		HOSPITAL, NUR	SING HOME C	ROTHER INSTITUTIO		SUAL OCCUPATI		126 KIND OF	BUSINESS O
s off	B	ALTIMORE		SECUVI		05P		RETIRE		II VOOSTKI	
4 hourseld bed in the	USUA 13a S	L RESIDENCE (IF NURSING HOME OF	OR OTHER INSTITUTION		ORE ADMISSION)	13d INSIDECITY LIM		REET ADDRESS			2121
24 filled filled fuld fuld		nD.	71411		ムナン	YES NO	13: 13:31	1875 W	1. MOSF	IER	37.
tely sh	14. FA	THER'S NAME				15 MOTHER'S MAID					
P de C		Martin	WIDDIE	Ha	11	Jul.	ia	MIDDLE	0 4	esla	en
to do		AS DECEASED EVER IN U.S. A		166 SOCIAL SE		17 INFORMANT		ADDRE			
an a	(A	ES, NO OR UNKNOWN) (IF YES, G	GIVE WAR OR DATES)	077-10	-3299	Lonnie +	T. ILst	x. 660	7 2a1	urel	Or.
2 2 2 2 2		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	anly one cours on								MATE INTERVAL
death certific		Conditions, if ony, which	DUE TO, C	OR AS A CONSEC	QUENCE OF						
n. ov requires that the death certific os been signed by the attention of perior to burial communion or ws ony injury, ar other traumo	IFICATION	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION	(b)	OR AS A CONSEC	QUENCE OF	NOT RELATED TO TH	200	AUTOPSY?	20b. IF YES, W	VERE FINDIN	GS USED OF DEATH?
The lo	ERTIFICATION	gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION	DUE TO, CO (c) CONDITIONS C	OR AS A CONSEC	QUENCE OF	N WAS PERFORMED	28c	AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES [VERE FINDIN NG CAUSES	IGS USED
N: The lo system.	CERTIFIC	gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	DUE TO, CO (c) CONDITIONS C 196 COND 216 TIME C HOUR A	OR AS A CONSECUTION FOR WHI	QUENCE OF O DEATH BUT CH OPERATIO DAY YEAR		28c	AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES [VERE FINDIN NG CAUSES	GS USED OF DEATH?
SICIAN: The long physicion. certificate has arial-transit per tental Hygiene from 18 shows	1/	gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	DUE TO, CO (c) CONDITIONS C 196 COND 196 COND 196 COND 196 COND 196 COND 197 COND 198 COND	OR AS A CONSECUTION FOR WHI	O DEATH BUT	N WAS PERFORMED 21c HOW INJURY C	28c	AUTOPSY? S NO NO NTER NATURE OF INJUI	20b. IF YES, WIN CERTIFYIN YES [VERE FINDIN ING CAUSES (GS USED OF DEATH? NO
SICIAN: The long physicion. certificate has arial-transit per ental Hygiene. Item 18 shows	₹ I	gave rise to immediate cause (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DIRECTION (IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED	(b)	OR AS A CONSECUTION FOR WHITE OF INJURY M.M. MONTH	QUENCE OF O DEATH BUT CH OPERATIO DAY YEAR 19	N WAS PERFORMED	28c	AUTOPSY?	20b. IF YES, WIN CERTIFYIN YES [VERE FINDIN NG CAUSES	GS USED OF DEATH?
SICIAN: The long physicion. certificate has arial-transit per tental Hygiene from 18 shows	1/	gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (# EITHER NOTIFY MEDICAL EXAMIN 21d, INJURY OCCURRED NOT WHILE AT WORK NOT NOT WHILE AT WORK AT WORK	(b)	OR AS A CONSECUTION FOR WHI	QUENCE OF O DEATH BUT CH OPERATIO DAY YEAR 19 CE, FARM ETC.)	N WAS PERFORMED 21c HOW INJURY C	28c	AUTOPSY? S NO NO NTER NATURE OF INJUI	20b. IF YES, WIN CERTIFYIN YES [VERE FINDING CAUSES (GS USED OF DEATH? NO
SICIAN: The long physicion. certificate has arial-transit per tental Hygiene from 18 shows	1/	gave rise to immediate cause (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DISTRIBUTING CAUSE OF DISTRIBUTING OR CONTRIBUTING OR CONTRIBUTION OF CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTION OR CONTRIBUTIO	DUE TO, CO (c) (CONDITIONS C (P) (CONDITIONS C (AT HOUR A P (AT HOME ST (AT HOME ST)	OR AS A CONSECTION OF INJURY OF INJURY OF INJURY OF INJURY TREET, FACTORY, OFFICE TO SECTION OF INJURY THE DESCRIPTION OF I	QUENCE OF O DEATH BUT CH OPERATIO DAY YEAR 19 CE, FARM ETC.)	N WAS PERFORMED 21c HOW INJURY C	YE YE	AUTOPSY? S NO NER NATURE OF INJUI CITY OR TO	20b. IF YES, WIN CERTIFYIN YES [RY IN ITEM 18 PART	VERE FINDING CAUSES (GS USED OF DEATH? NO STATE
SICIAN: The long physicion. certificate has arial-transit per tental Hygiene from 18 shows	1/	gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DOLER OF CONTRIBUTING CAUSE CAUSE OF CONTRIBUTING CAUSE CAUSE OF CONTRIBUTING CAUSE CAU	DUE TO, CO (c) (CONDITIONS C (P) (CONDITIONS C (AT HOUR A P (AT HOME ST (AT HOME ST)	OR AS A CONSECUTION FOR WHI	ODEATH BUT CH OPERATIO DAY YEAR 19 CE, FARM ETC.)	211 LOCATION STREET	YE YE	AUTOPSY? S NO NER NATURE OF INJUI CITY OR TO	20b. IF YES, WIN CERTIFYIN YES [RY IN ITEM 18 PART	VERE FINDING CAUSES (GS USED OF DEATH? NO STATE
OR ATTENDING PHYSICIAN: The le e hospitol or ottending physicion. DIRECTOR: After this certificote hos oched for use as the buriot-transit per Dept of Health and Mental Hygiene if them 21 is marked or them 18 shows	1/	gave rise to immediate cause (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DIETHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a, I certify that (i) (this has saw the deceased shave a obove, (i)	DUE TO, CO (c) (CONDITIONS C (P) (CONDITIONS C (AT HOUR A P (AT HOME ST (AT HOME ST)	OR AS A CONSECTION OF INJURY OF INJURY OF INJURY OF INJURY TREET, FACTORY, OFFICE TO SECTION OF INJURY THE DESCRIPTION OF I	ODEATH BUT CH OPERATIO DAY YEAR 19 CE, FARM ETC.)	21c HOW INJURY C	YE Y	S NO NO NTER NATURE OF INJUI	20b. IF YES, WIN CERTIFYIN YES THE PART IN TEM IS PART IN THE PART	COUNTY	GS USED OF DEATH? NO STATE
OR ATTENDING PHYSICIAN: The le e hospitol or ottending physicion. DIRECTOR: After this certificote hos oched for use as the buriot-transit per Dept of Health and Mental Hygiene if them 21 is marked or them 18 shows	1/	gave rise to immediate cause (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DIETHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a, I certify that (i) (this has saw the deceased shave a obove, (i)	DUE TO, CO (c) (CONDITIONS C (P) (CONDITIONS C (AT HOUR A P (AT HOME ST (AT	OR AS A CONSECTION OF INJURY OF INJURY OF INJURY OF INJURY TREET, FACTORY, OFFICE TO SECTION OF INJURY THE DESCRIPTION OF I	ODEATH BUT CH OPERATIO DAY YEAR 19 CE, FARM ETC.)	21c HOW INJURY C	YE Y	AUTOPSY? S NO CITY OR TO CITY OR TO DOCCUTTED ON THE DECEMBER DICAL STAL COTOR PHYSIC	20b. IF YES, WIN CERTIFYIN YES [TY IN TEM 18 PART WAN 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	COUNTY 22c. DATE S	GS USED OF DEATH? NO STATE
OR ATTENDING PHYSICIAN: The le e hospitol or ottending physicion. DIRECTOR: After this certificote hos oched for use as the buriot-transit per Dept of Health and Mental Hygiene if them 21 is marked or them 18 shows	1/	gave rise to immediate cause (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DISTRIBUTING NOTIFY MEDICAL EXAMIN 210, INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMIN AT WORK AT WORK AT WORK 220, I certify that (I) (this has sow the deceased after a obove, (I)	DUE TO, CO. (c) CONDITIONS C 196 COND 196 COND 216 TIME C HOUR A P 21e PLACE (AT HOME S1	OR AS A CONSECTION OF INJURY OF INJURY OF INJURY OF INJURY TREET, FACTORY OFFICE The deceased from the deceased fro	ODEATH BUT CH OPERATIO DAY YEAR 19 CE, FARM ETC.)	211 LOCATION 211 LOCATION STREET 19- nd that in (my) (9-10) DEGREE ATTEND PHYSIC	YE Y	AUTOPSY? S NO CITY OR TO CITY OR TO DOCCUTTED ON THE DECEMBER DICAL STAL COTOR PHYSIC	20b. IF YES, WIN CERTIFYIN YES THE PART OF	COUNTY 22c. DATE S	GS USED OF DEATH? NO STATE
SICIAN: The long physicion. certificate has arial-transit per tental Hygiene from 18 shows	MEDICAL	gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE AT WORK NOTIFY MEDICAL EXAMIN 220.1 certify that (I) (this has saw the deceased stive a obove, (I)	(b)	OR AS A CONSECTION FOR WHITE OF INJURY IREET, FACTORY OFFICE ACTORY OFFICE OF INJURY OFFICE OF INJURY OFFICE OFFIC	QUENCE OF O DEATH BUT CH OPERATIO DAY YEAR 19 CE, FARM ETC.)	211 LOCATION STREET 211 LOCATION STREET 212 LOCATION STREET 213 LOCATION STREET 214 LOCATION STREET 215 LOCATION STREET 216 ADDRESS	ZOCCURRED (E	AUTOPSY? S NO NO NER NATURE OF INJUINATION OF INJU	20b. IF YES, WIN CERTIFYIN YES [TY IN TEM 18 PART WAN 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	COUNTY 22c. DATE S	GS USED OF DEATH? NO STATE
OR ATTENDING PHYSICIAN: The le e hospitol or ottending physicion. DIRECTOR: After this certificote hos oched for use as the buriot-transit per Dept of Health and Mental Hygiene if them 21 is marked or them 18 shows	WEDICAL WEDICAL	gave rise to immediate cause (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DISTRIBUTING NOTIFY MEDICAL EXAMIN 210, INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMIN AT WORK AT WORK AT WORK 220, I certify that (I) (this has sow the deceased after a obove, (I)	(b)	OR AS A CONSECTION OF INJURY OF INJURY OF INJURY IREEL, FACTORY, OFFICE 19 412 123	QUENCE OF O DEATH BUT CH OPERATIO DAY YEAR 19 CE, FARM ETC.)	211 LOCATION 211 LOCATION STREET 19- nd that in (my) (9-10) DEGREE ATTEND PHYSIC	ZOCCURRED (E	AUTOPSY? S NO CITY OR TO CITY OR TO DOCCUTTED ON THE DECEMBER DICAL STAL COTOR PHYSIC	20b. IF YES, WIN CERTIFYIN YES [RY IN ITEM 18 PART WIN 19 19 19 19 11 11 11 11 11 11 11 11 11 1	COUNTY 22c. DATE S	GS USED OF DEATH? NO STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

Wm. C. March F/H West 4300 Wabash Avenue

Julia Devidson Randallo JUL 23 1981

THE REPORT OF THE PARTY OF THE

STATE OF MARYLAND

DEPA GIENE

RT	MENT	OF	HEA	LTH	AND	MENTAL	HY
	CE	RTI	FIC	ATE	OF	DEATH	

20 DATE OF DEATH HALL-& AGE (IN YEARS LAST BIPTHDAY) IF UNDER 1 YEAR

×	4 RACE	5. DATE OF BIRTH	
1011111	I ALMONDICK	MONTHY DAY	YE
EMALE	THE KO	04 30	0
IRTHPLACE ASTATE OR FOREIGN	THE CITIZENI OF WHAT COUNTRY	8	

MARRIED NEVER MARRIED DIVORCED

LTYPE OF WORK FOR MOST OF WORKING LIFET

9 BALTIMORE CITY OR COUNTY OF DEATH 176 KIND OF BUSINESS OR

REGISTRAR

DECEASED NAME

(TYPE OR PRINT)

COUNTRY

OUSE WIFE

13e.STREET ADDRESS / ZIP.CODE 136 COUNTY 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE

20b IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

INDUSTRY

0	WAS DECEASED EVER	IN U.S. ARMED FORCES?
_	NO	
	18 CAUSE OF DEATH	H (Enter anly ane cause per AS CAUSED BY:

IMMEDIATE CAUSE (a).

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause last

DUF TO OR AS A CONSFOURNCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

210. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER NOTIFY MEDICAL EXAMINER)
214 IN JURY OCCURRED

21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR

NO YES [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

21e. PLACE OF INJURY AT HOME, STREET, FACTORY OFFICE, FARM, ETC.) WHILE NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased fram

211. LOCATION STREET

CITY OR TOWN COUNTY

STATE

22b. SIGNATURE	114	
burn	G. Wha	in n
224 PHYSICIAN'S NAME	TYPE OF PRINTS	

ATTENDING 22e ADDRESS

MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN

and that in (my (aur) opinian death accurred an the date and hour and from the causes stated

20a AUTOPSY?

22c. DATE SIGNED

220.		0		1	and the same				
13/11				-				0	
MA	12	100		16	(A	1	-	2 1	
	10	ALC:	.2	1.3 "	100	-	-	1 19	

saw the deceased office an obove pth (we) (did (did nat) view the body after death.

DEGREE

STATE COUNTY

23a	BURIAL,	CRE	:MA	TION,	REMO	DVAL
	(SPECIFY)				0.	1
	-	12	21	10	10	/

CERTIFICATION

23b. DATE

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

24 FUNERAL DIRECTOR

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

060969

deoth. Page 4 may be

Second sector of the following director page 3 and 2 should be filed within 72 hours after death

nor been signed by the attending physician and represents. Pages then please remove corbon pages. Pages then please remove corbonic to buriol, cremotion, or removal.

	- 1			
	- 1		FOR	
18	1.	1 -	STATE	
18	04	07	DECISTO	D

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

7	REG. NO.	9	၁	2	
	REG. NO.			-40	

78	87	REGISTRAR					REG. NO	5.		
		EASED NAME FIRST		MIDDLE		AST - 7-			AY YEAR	2b. HOUR
		John				mmock	July 25,	7:28		
3. 3	SEX		4 RACE		5 DATE O		6. AGE (IN YEARS LAST BIRT		ONTHS DATS	HOURS MIN.
L	Male Black 70 RIPTHPLACE (SLATE ON SOREGEN TO CITIZEN OF WHAT COUNTS)					1/25 DAY YEAR	62	YRS		
70.	76 BIRTHPLACE (STATE OR FOREIGN TO CITIZEN OF WHAT COUNTRY USA USA				MARRIE WIDOWI	D NEVER MARRIED	Baltimore city o	_		M
10	CIT	Baltimore		HOSPITAL, NURSIN CHEACILITY, GIVE STREET Land Genet		OR OTHER INSTITUTION OSpital	12a USUAL OCCUPATE (TYPE OF WORK FOR MOST O			OF BUSINESS OF
13	a. S	LESIDENCE (IF NURSING HOME OF TATE 136 COUP		GIVE RESIDENCE BEFORE 136. CITY OR TOW Baltimo	'N	13d INSIDE CITY LIMITS?	3728 Boart	zip code nan Av	e, 212	15
14.	FA'	THER'S NAME FIRST Carris	MIDDLE Hamm	ock		15 MOTHER'S MAIDEN NAME EILA	Mae	Sm	ith	51
160		VAS DECEASED EVER IN U.S. AR ES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? (E WAR OR DATES)	214-20-1		Ruth Brewto	on 3728 Boar			
		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one couse pe D BY TE CAUSE (0)	Pneumonia					BETWEEN	MATE INTERVAL ONSET AND DEATH
7		gove rise to immediate cause (o), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	(c)_	OR AS A CONSEQUE		NOT RELATED TO THE TERMI	inal disease or coni	DITION GIVE	N IN PART 1	0
CEPTIFICATION	IFICATIO	196 DATE OF OPERATION	19b. COND	DITION FOR WHICH	OPERATIO	DN WAS PERFORMED	206 AUTOPSY?		WERE FINDI	
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ALIA .	DE INJURY .M. MONTH D.	AY YEAR	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	ty IN ITEM TO PA	RT I OR PART 2)	
MEDICAL	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE F	ARM, ETC }	211 LOCATION STREET	CITY OR 10	wn	COUNTY	STATE
		226.1 certify that (H ^X (this hosp saw the deceased alive or abave, (H ^X (we) (did) (did) (did) 22b. SIGNATURE	July 2		July 87	nd that in MX (our) opinion of DEGREE ATTENDING	to JULY death occurred on the do	,	ond from the	SIGNED
		22d. PHYSICIAN'S NAME (TYPE C L. Clement:	OR PRINT)	.D.		PHYSICIAN [DIRECTOR PHYSIC	IAN		July 87
		URIAL, CREMATION, REMOVAL	23b DATE 7/20/			CEMETERY OR CREMATORY	23d LOCATION		COUNTY	Md STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR. After the

retained by the haspital or otter

BP.

IMPORTANT: If Hem 21 is marked

Chas. A. Rice FSPA

1300

24 FUNERAL DIRECTOR

Euta w Place

250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE

060555 111 2087 The second second 12:0 E 58: 2121 AM THE PARTY OF BUILDING 122 A THE PARTY OF THE PART Character and the Care was a seem to the Care and the Car

59190	10	FOR DEPARTMENT OF HEAL	OF MARYLAND ALTH AND MENTAL HYGIENE ATE OF DEATH 8 7 REG. NO. 9 5 2 4
4 may be to page 3 ofter death			BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 23 HRS.
rth. Page 72 hours	7a. B	IRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED COUNTRY) WIDOWED P	NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF DEATH
hours after dead in by the fune lbe filed within	4	ITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OF THE PROPERTY OF ESTREET ADDRESS. AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	
within 24 should 2 should 2 should 2 should			Ad. INSIDE CITY LIMITS? NO D NO D
cion and complers. Pages (one III)		WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 YES, NO OR UNKNOWN) I FYES, GIVE WAR OR DAJES	ENGINE STEVERLEMA 4943 PARKENEN
the the ottoth certificate the continued physical continued property of the continued of the continued to th		18 CAUSE OF DEATH. (Enter only one couse per line (of la), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (o), stating the underlying cause lost. (c)	Loute Mysconoise Languretin
he low require on. hos been sig t permit. Then it care prior to b ows any injury,	CERTIFICATION	PART 2 OTHER SIGNIFICANT CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NO 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION W	WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
ding physicid	MEDICAL CERT	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19	YES NO YES NO 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN-HEM 18 PART 1 OR PART 2) RIL LOCATION STREET CITY OR TOWN COUNTY STATE
OR ATTENDING Pre hospital or otten DIRECTOR: After the backed for use as the Dept. of Health and Hillem 21 is marked or	W	270. I certify that (1) (this haspital) ottended the deceased from sow the deceased olive an obove, (1) (we) (did) (did not new the body after death.	that in (my) (our) opinion death occurred an the date and hour and from the causes stated GREE ATTENDING MEDICAL STAFF 27c DATE SIGNED
O HOSPITAL Trained by th S FUNERAL Trained by the Store Train the Store APORTANT: I		22d PHYSICIAN'S NAME (14PE OR PRINT) 22 DOHATO A-VARGAS	PHYSICIAN POIRECTOR PHYSICIAN 1687

BURIAL CREMATION, REMOVAL 236 DATE

30. NYME OF CEMETERY OR CREMATORY

234 LOCATION

STATE

1 EMERAL DIRECTOR

1 CASE & A LAmps 6085 & 9 6 1000 ATT DE REGISTRAR 256 REGISTRAR'S STONATURE

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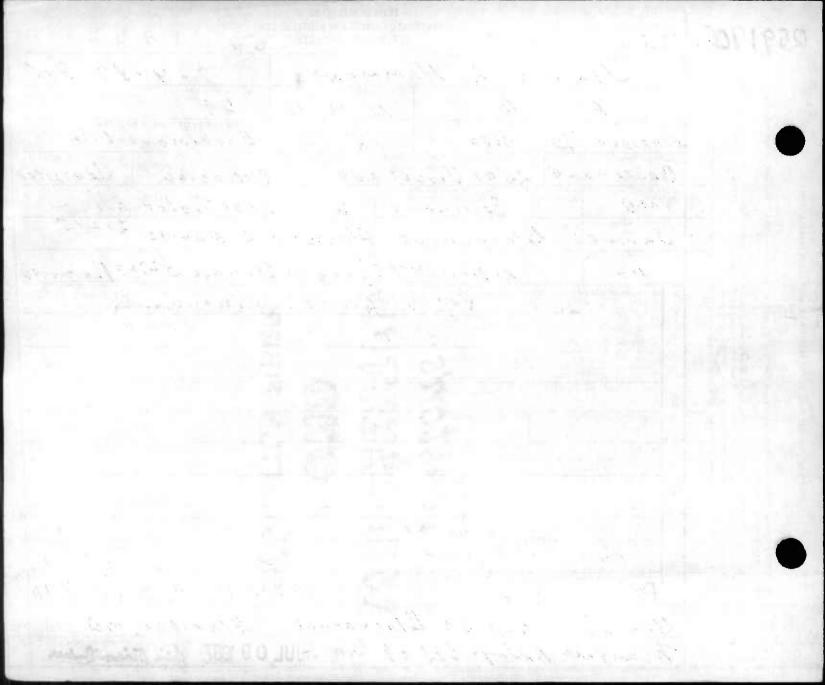
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DHMH - 16 60M 7/B4 (VRA 15, 4)



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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

	1	REG.	NO
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	FOR STATE				LTH AND MENTAL H	YGIENE 7	1	9	6 6	. 3
I DEC	GISTRAR CEASED NAME FIRS		MIDDLE	LAST	AIL OF BLAIN	2a. DATE OF	REG. NO	Nîh D	DAY YEAR	26 HC
	ALIC!			HAMPTO	N	Zu. DAIL OI		23 8		014
3. SEX		4. RACE		5. DATE OF	BIRTH	6 AGE (INY	EARS LAST BIRTHD	(AY)	IF UNDER I YEA	R IF UND
	Female	Whi	ite	Feb.	28. 1919	68			AONTHS DATE	HOURS
7a. Bil	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8		9 BALTIMO	RE CITY OR C	COUNTY	OF DEATH	
C	Balto. M	d. U.S.		MARRIED	NEVER MARRIED DIVORCED		. City			
10. CI	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSING	HOME OR		12e USUAL C	OCCUPATION	7	126 KIND	
	Balto.	St. 1	cheacility, give street at Agnes Hosp	•		Seamst	FOR MOST OF W	ORKING LIFE		er C
		OME OR OTHER INSTITUTION	134 CITY OR TOWN	11:	34. INSIDE CITY LIMITS	3140	DDRESS / Z	IP CODE	1 7	17
14.54	Md.		Balto		YES NO		Stallo	ru S	t. 0	-F.os
14 FA	ATHER'S NAME	MIDDLE	Divon		MOTHER'S MAIDEN	NAME	MIDDLE		L	AST
14 - 34	Caleb	B.	Dixon	UTV NO. 1	7 INFORMANT	7	ADDRESS			
		ES, GIVE WAR OR DATES)	215 07 4	DEE	irs. Betty	0 Staffo			to. I	Id.
	18 CAUSE OF DEATH (En	ter only one couse ne	r line for (a), (b), and		Dece,	0201103		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		XIMATE IN
	PART I. DEATH WAS C.	AUSED BY: EDIATE CAUSE (0)			failur.				MOW	1000
OI			CONTRIBUTING TO DE	EATH BUT N	OT RELATED TO THE TE	15-5				
TIFICATION	PART 2 OTHER SIGNIFICATION		DITION FOR WHICH C			200 AUTO	PSY? 2	Ob. IF YES,	, WERE FINE	INGS US
CERT		196 COND		OPERATION		200 AUTO	PSY? 2	Ob. IF YES, N CERTIFY YES	, WERE FINE YING CAUSI	DINGS US ES OF DE NO
MEDICAL CERTIFICATION	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE	196 COND 196 COND 196 COND 216. TIME C HOUR A AMINER) 21e. PLACE	DITION FOR WHICH C OF INJURY I.M. MONTH DAY	OPERATION Y YEAR 19	WAS PERFORMED	200 AUTO	PSY? 2	Ob. IF YES, N CERTIFY YES	, WERE FINE YING CAUSI	DINGS US ES OF DE NO
CERT	198 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYIF OR CONTRIBUTING CAUSE (IF EITHER NOTHEY MEDICAL EX-	196 COND 196 COND 216. TIME C HOUR A AMINER) 21e. PLACE (AT HOME ST	DITION FOR WHICH CO OF INJURY A.M. MONTH DAY M.M. OF INJURY TREET, FACTORY OFFICE, FAI the deceased from	Y YEAR 19 RM ETC.)	WAS PERFORMED TIL HOW INJURY OCC	200 AUTO YES	NO USE OF INJURY IN	OB. IF YES, N CERTIFY YES	, WERE FINE YING CAUSI S	DINGS US ES OF DE NO
CERT	198 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (HE EITHER NOTHER MEDICAL EXPENDED OF THE NOTHER OF TH	196 COND 196 COND 216. TIME C HOUR A AMINER) 21e. PLACE (AT HOME ST	DITION FOR WHICH CO OF INJURY A.M. MONTH DAY M.M. OF INJURY TREET, FACTORY OFFICE, FAI the deceased from	Y YEAR 19 RM ETC)	WAS PERFORMED THE HOW INJURY OCC THE LOCATION STREET 19 8 that in (my) (our) opining GREE	200 AUTO YES URRED (ENTERNA ion death occurre	NO UTURE OF INJURY IF	YES NITEM 18 PA	COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY	DINGS USES OF DE NO
CERT	198 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (HE EITHER NOTHER MEDICAL EXP. 21d. INJURY OCCURRED WHILE NOT WHILE AL WORK 270.1 certify that (I) (this sow the deceased all obove. (I) (we) (did) (cooperation)	196 COND 196 COND 196 COND 216. TIME C HOUR A AMINER) 21e. PLACE (AT HOME ST hospital) attended the second se	DITION FOR WHICH CO OF INJURY A.M. MONTH DAY M.M. OF INJURY TREET, FACTORY OFFICE, FAI the deceased from	Y YEAR 19 RM ETC) , ond	WAS PERFORMED TILLOCATION STREET Thot in (my) (our) opini GREE ATTENDING PHYSICIAN	200 AUTO YES URRED (ENTER NA ion death occurre MEDICAL DIRECTOR	NO USE OF INJURY IF	NOB. IF YES, N CERTIFY YES NITEM 18 PA	COUNTY 19 22c. DA' 712	DINGS USES OF DE NO
CERT	19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (HE EITHER NOTHY MEDICAL EXP 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a.1 certify that (1) (this sow the deceased of obove, (1) (we) (did) (co.) 22b. SIGNATURE M. NOS (**)	196 COND 196 COND 196 COND 216. TIME C HOUR A AMINER) 21e. PLACE (AT HOME ST to an incomplete the body (17PE OR PRINT)	DITION FOR WHICH CO OF INJURY A.M. MONTH DAY M.M. OF INJURY TREET, FACTORY OFFICE, FAI the deceased from	Y YEAR 19 RM ETC) , ond	WAS PERFORMED TIL HOW INJURY OCC TIL LOCATION STREET 19 that in (my) (our) opini GREE ATTENDING PHYSICIAN	VES URRED (ENTER NA To Official death occurre MEDICAL HOLP, 90	NO III TURE OF INJURY II CITY OR TOWN STAFF PHYSICIAL CATOL	NOB. IF YES, N CERTIFY YES NITEM 18 PA	COUNTY 19 22c. DA' 712	DINGS US ES OF DE NO
MEDICAL CERT	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (HE EITHER NOTHER MEDICAL EXAMPLE AT WORK A	196 COND 196 COND 196 COND 216. TIME COND 196 COND 216. PLACE (AT HOME ST 196 COND 216. TIME COND 216. PLACE (AT HOME ST 216. PLACE (AT HOME ST 216. PLACE (AT HOME ST 216. DATE July 236. DATE July 236. DATE July 236. DATE	DITION FOR WHICH CO OF INJURY OF INJURY OF INJURY REET, FACTORY OFFICE, FAI 10 2 19 87	Y YEAR 19 RM ETC) OR DE	WAS PERFORMED 21c. HOW INJURY OCC 211 LOCATION STREET 19 6 that in (my) (our) opini GREE ATTENDING PHYSICIAN 22c ADDRESS AGNUL ACTERY OR CREMATOR 1 Park Cem.	200 AUTO YES URRED (ENTER NA The property of	NO UITURE OF INJURY IN CITY OR TOWN STAFF PHYSICIAL CATOL (ATOL 1229	NOB. IF YES, N CERTIFY YES NITEM 18 PA	COUNTY 19 22c. DA' 712	DINGS USES OF DE- NO

DHMH - 16 60M 7/B4 (VRA 15, 4)

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1	-	STATE
		REGISTRAR

STATE OF MARYLAND

DEPARTMENT	OF HEALTH	AND MENTAL	HYGIENE
CE	RTIFICATE	OF DEATH	

1.	- STATE REGISTRAR	DEFARIT	CERTIFICATE OF DEATH	63 03	1000
, D	ASED NAME FIRST	WIDDLE	LAST	Za DATE OF DEATH MON	TH DAY YEAR 26 HOUR
MATY A	Mazie Mazie		Handy	1 4 7	29 87 10:42m
3. SE		14 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY	
0.02	F	B 2	MONTH DAY YEAR	Yeary transp	MONTHS DATS HOURS MIN.
7a B	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	5 18 10	9 BALTIMORE CITY OR CO	YRS.
	COUNTRY)		MARRIED NEVER MARRIED		ONT OF DEATH
	ITY OR TOWN OF DEATH	USA.	WIDOWED DIVORCED DIVORCED NO HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	MD.
	Baltimore	(IF NOT IN SUCH FACILITY, GIVE STREET South Balthurer	ADDRESS)	STORMORK FOR MOST OF WOR	VINCTURES I INITITIOTED
	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR		13e.STREET ADDRESS / ZIP	CODE
_	MD	Baltimo		1213 Light 5	st 21230
14. F	ATHER'S NAME FIRST	MIDDLE A. Handy	15. MOTHER'S MAIDEN N.	AME MIDDIE	PAN (1) LAST
16a \	WAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SECU	JRITY NO. 17. INFORMANT	ADDRESS	5147-473-4095
		VE WAR OR DATES) 578 12	4892 George Hand		(3143) 413 4013
	18 CAUSE OF DEATH (Enter or	nly ane cause per line far (a), (b), an	od (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
60	PART I. DEATH WAS CAUSE	TE CAUSE (a) COUNCIO P	immorry arrest		2 min.
		DUE TO, OR AS A CONSEQUI	ENCE OF		
	Canditions, if any, which	4 days			
10	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUE	ENCE OF		
	underlying cause lost.	(c)			
			DEATH BUT NOT RELATED TO THE TER		N GIVEN IN PART 1:a
ō	Diabetes M	euitus, cardiov	accident	; CHF	
CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
TIE				YES NO	YES NO
CER	210. ACCIDENT WAS UNDERLYING	THE PARTY OF THE PARTY OF	21c. HOW INJURY OCCUI	RRED (ENTER NATURE OF INJURY IN I	EM 18 PART 1 OR PART 2)
AL	OR CONTRIBUTING CAUSE OF DE.	AIR	19		
MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY	21f. LOCATION	CITY OR TOWN	COUNTY STATE
W	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE, F	FARM ETC] STMEET	CITY OR TOWN	31410
	220.1 certify that (I) (this hosp	ital) attended the deceased fram_	214 25 , 19 E	1 , 10 July 29	. 19 67 , that (I) (we) last
1	saw the deceased alive on abave. (1) (we) (did) (did no	of view the body after death.	, and that in (my) (our) opiniar	death occurred an the date at	nd hour and from the causes stated
	22b. SIGNATURE		DEGREE		22c. DATE SIGNED
	Robert Dout,	gr W117	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	× 12129187
	228 PHYSICIAN'S NAME (TYPE	OR PRINT)	27e ADDRESS		
	Robert Dar	4. 2c. M.D	1319 Formara	Drive, Oder	iten, mo 21113
	BURIAL CREMATION, REMOVAL	23b. DATE / 23c. 1	NAME OF CEMETERY OR CREMATORY	23d LOCATION	1 Groups 1 7 state

O FUNERAL DRECTOR

O HOSPITAL

MPORTANT II B

DHMH - 16 60M 7/84 (VRA 15, 4)

14 FUNERAL DIRECTOR LOCKE 1304 10 DOG EN

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE
AUG 3 1987 Julia, Scriber Par Julia Tindor Rudollo

STATE OF MARYLAND

ND	MENTAL	HYGIENE	-	
OF	DEATH	8	1	P

BY REGISTRAR 256 REGISTRAR'S SIGNATURE

224 ***	.).	FOR		DEPARTM		E OF MARYLAND EALTH AND MENTAL HY	GIENE	
223 JUL	22	ATE REGISTRAR			CERTIF	ICATE OF DEATH	8 / REG. NO 9	6 2 6
		CEASED NAME FIRST		MIDDLE		AST		AY YEAR 2b. HOUR
poge 3	TITPE	Wi	illiam	C.	Н	ANIFEE	July 10, 1987	
offer d	3. SE	(4 RACE		5. DATE O		& AGE (IN YEARS LAST BIRTHDAY)	FUNDER I YEAR IF UNDER 24 H
irs of		Male	Ca	uc.	Ap	ril°11,192	62 _{YRS}	
22 hours		RTHPLACE I STATE OR FOREIGN COUNTRY)	76 CITIZENO	WHAT COUNTRY?	MARRIE WIDOWI	D NEVER MARRIED	BALTIMORE CITY OR COUNTY	OF DEATH
記		TY OR TOWN OF DEATH	(IF NOT IN S	F HOSPITAL, NURSIN JUCH FACILITY, GIVE STREET, Raven VAMO	ADDRESS)	DR OTHER INSTITUTION	12g USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	IZE KIND OF BUSINESS INDUSTRY Chrysler
1 335	13a. S	AL RESIDENCE (IF NURSING HOM ITATE 136 CC	e or other institution of the contract of the	13c. CITY OR TOW Earlevi	N	13d INSIDE CITY LIMITS? YES NO 🛣	30 Hilltop RD	Hacks Poi
To all	A FA	THER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN N	MIDDLE	LAST
		Herman		Hanifee		Martha	a.	Haley
oges		VAS DECEASED EVER IN U.S.	ARMED FORCES			17 INFORMANT	ADDRESS	
PO E		Yes WW	II	220 14 (0363	Martha Ma	aichle Hacks Po	int
ed by the please rem unal, crem		gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICAN	DUE TO,	OR AS A CONSEQUE	2.5	Col Conce	Heed LNOCK	N IN PART I I O
	Z O							
al and a second	CERTIFICATION	19a DATE OF OPERATION	19b. CON	IDITION FOR WHICH	OPERATIO	N WAS PERFORMED		WERE FINDINGS USED ING CAUSES OF DEATH?
inol-trons intol Hyp Nem 18 M		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM	DEATH HOUR	OF INJURY A.M. MONTH DA P.M.	AY YEAR	216 HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT 1 OR PART 2)
h and Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		E OF INJURY STREET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
Sec.		220.1 certify that (I) (this he	ospitol) ottended	the deceosed from_		, 19	, to, 1	9, that (I) (we)
2 4 5 5		saw the deceased alive above, (1) (we) (did) (did	not) view the boo	dy ofter death.	, 0	nd that in (my) (our) opinion	death accurred on the date and have	and from the causes stated
detacher detacher di # Nen		22b. SUCHATURE	4	~ 0	Ш	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	7/13/S
FUNERAL old be de off the State		226 PHYSICIAN'S NAME (TY	PE OR PRINT)			22e ADDRESS		
hould be d		Kanjan	Shar	na mo		3900 Loch	Raven Blvd. Balt	Md. 2121
-215	23a I	BURIAL, CREMATION, REMOV				EMETERY OR CREMATORY	23d LOCATION	
		Burial	7/13	3/87 0	aler	a Cemetery	Galena	Kent MD"

ADDRESS

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

Fellows Box

THE THEORY OF THE PARTY OF THE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

87 19629

	REGISTRAR							J-2R	EG. NO.	,	
	CEASED NAME OR PRINT)	PAMEL	71	ue		HANKINS	S	JULY		1987	3 HOUR A
3. SEX			4 RACE		5 DATE C		YEAR	6 AGE (IN YEARS	LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
	Female		White			n. 21.			19 YRS		MOURS MIN.
	RTHPLACE (STATE C	OR FOREIGN	b. CITIZEN OF	WHAT COUNTRY	2 0	D NEVER MA		9 BALTIMORE			
	Marylan	d	United	States	WIDOWE		ORCED	BA	LTIMOF	RE CITY	MD.
10-51	ITY OR TOWN OF D			HOSPITAL, NURS		R OTHER INSTIT	TUTION	12a USUAL OCC			OF BUSINESS OR
2	BALTIMO	RE	THE	JOHNS I	HOPKI	NS HOS	PITAL	Waitr		_	narant
130 5	Md.	13b. COUN		13c. CITY OR TO	WN		40 XX	13e.STREET ADD 614 Cau	RESS / ZIP CO		
77	THER'S NAME		NIDDLE	LAST .			RST		DOLE	LAS	51
7	Kenneth		rl	Hankir			nita	N.		amer	
	VAS DECEASED EVI		MED FORCES?	166 SOCIAL SEC		17 INFORMAN	T		ADDRESS		
	NO OR UNKNOWN)			219-02-2	2256	Juanita	Hanki	ns, sa	ome as 1	3	
	18 CAUSE OF DEA	WASCAUSED	y ane cause per BY. E CAUSE (0)	line for (a), (b), a	/	demo					ONSET AND DEATH
	Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause last DUE TO, OR AS A CONSEQUENCE OF (b) HYDERAMMONEMIA DUE TO, OR AS A CONSEQUENCE OF COLOR AS A CONSEQUENCE OF ACTURE MYELOGENOUS LEWRONE A YEAR									rows	
NOI	PART 2. OTHER SI	GNIFICANT C	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED T	O THE TERMI	INAL DISEASE OF	CONDITION G	IVEN IN PART 16	a ·
CERTIFICATI	19a DATE OF OPER	RATION	19b. COND	TION FOR WHIC	H OPERATION WAS PERFORMED			200. AUTOPSY? 200. IF YES, WERE FINDINGS U IN CERTIFYING CAUSES OF DE YES \(\subseteq \text{NO} \) NO			
	210. ACCIDENT WAS ON CONTRIBUTING (IF EITHER NOTIFY M	CAUSE OF DEAT	n	M. MONTH	DAY YEAR	21c. HOW INJU	JRY OCCURR	ED (ENTER NATURE	OF INJURY IN ITEM 18	PART I OR PART 2)	
MEDICAL	21d. INJURY OCCU	WHILE D	21e PLACE (AT HOME, STE	OF INJURY IEET, FACTORY, OFFICE	FARM ETC)	211 LOCATION	1	CII	Y OR TOWN	COUNTY	STATE
	22a I certify that saw the dece above, (I) (we	ased alive an_	- /7	6 19	2747	d that in (my) (c	. 19 <u>87</u> aur) opinion d	ta	the date and he		that (It (we) last causes stated
	22b. SIGNATURE	D	7				TENDING TYSICIAN	MEDICAL DIRECTOR F	STAFF	7/2 DATE	SIGNED 26/8-7
	22d. PHYSICIAN'S	AME (TYPE)	/ KU	60		220 ADDRESS	500 NO	PRTH WO	LFEST	HALT	0. MD. 21205
	BURIAL, CREMATIO	N, REMOVAL	23b DATE	23¢.	NAME OF C	EMETERY OR CR	EMATORY	23d LOCATIO		COUNTY	STATE
'	Buria	1	7-30-	1987 C	edar H	ill Cem		Baltimo		ne Arun	34.3
	JNERAL DIRECTOR		100				250 DATE	REC'D. BY REGIS	TRAR 256. REGI		
Mc	Cully Fur	eral H	ome 320	4Mountai	n Rd.	Pasaden	a, MA	18142210	187 1	. ~ .	

DHMH - 16 60M 7/B4 (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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BALTIMORE, MD. 21201	MELLANDER HOURS AFTER DEATH. IF ANY DELAY IS NECESSARY, RIE. R. GIVE PAGES 1, 2, AND 3 TO THE FUNERAL DIRECTOR. REP. DAYS. WITH FORM PM. 3. RETAIN PAGE 5 FOR YOUR FILE REMAIN. PAGES (AND 2 SHOULD BEALLED, WITHIN 72 HOLD FLEHNORME, DIVISION OF WITH RECORDS, 20.	SEX FEIT SIR DRE NEV 10. CITY BE OSUAL 130. ST. Mat 14. FAI The 16a W. (YES) NO
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN A HOUR EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING." PENDING BE FORWARDED TO THE CHIEF MEDICAL BY THE PAINT OF UNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURILLA AND METALLY BENEVEL BEATTIMORE, MARYLAND, 21201 PRIOR TO PHEALTH AND METALLY GENEVED BATTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION OR REMOVABLE.	MEDICAL CERTIFICATION
07/84 25M	BP	Bui
25M	D1	24 EU

DHMH - 17 (VR A15 ME (5))

	FOR		D	EPARTMENT	OF HEALT	H AND M	ENTAL	HYGIEN	IE				
	STATE		MED	ICAL EXA	WINER'S	CERTIFI	CATE	OF DEA	ATH IEG	N9 6	3	L	
	ASED NAM	E FIRST		MIDDLE		LAST		0	26. DATE KNOWN		DAY	YEAR	2b HOUR
(TYA	PE OR PRINT)	KATHRY	'N	S.	н	ARDEST	V	18	OF ESTI-	3x 7	1119	87	
3. SE2	X	4 RACE	5. DATE OF BIRTH	lé. AGE	(IN YEARS IF	JNDER 1 YR.		R 24 HRS.	2c. DATE	MONTH	DAY	YEAR	2d HOUR
Fe	emale	White	Feb. 11,			NTHS DAYS	Hours	MIN	PRONOUNCED DEAD	7	13 19	87	12;30 PM
facts	RTHPLACE (S	STATE OR	76 CITIZEN OF WH.		12		-		9 BALTIMORE CIT				
	W York		U.S.A.			RRIED NE	VER MARI		Baltimo	ro Cita	7		
	ITY OR TOWN		11. NAME OF HOSP						UAL OCCUPATION			OF BUS	MD.
			(IF NOT IN SUCH FAC	ILITY, GIVE STREET ADD	RESS)	THER HADING	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	FOR	MOST OF WORKING LIFE)	THE OF WORK	OR IN	IDUSTRY	Y
	Baltimo	(IF IN NURSING HOME OF		nblewood		1			Omemaker		Own 1		
13a. S	TATE	13b. COUNT		13c. CITY OR TO	WN	13d INSIDE	CITY LIMITS?		REET ADDRESS		212		
-	aryland			Baltim	ore	YESX	NO [13 Ramble	wood R	d.,Ap	t.C	
	ATHER'S NAM FIRST	E	MIDDLE	LAST		15 MOTH	ER'S MAID	DEN NAME	MIDDLE		LAST		
	nomas			Sullivan			ary				lliza		
16a \	WAS DECEASE ES, NO, OR UNKN	DEVER IN U.S. ARM		166 SOCIAL SEC	CURITY NO.	17. INFOR	MANT		ADDR	ESBalto	., Md.	2120)3
No)			213-74	-8832	Sue	Anto	olini	- First	Nat.Ba	nk-Bo	x 15	596
	18. CAUSE C	OF DEATH (Enter only	one couse per line f	or (o), (b), and (c).)			-				DXIMATE II	NTERVAL AND DEATH
	PARTID	EATH WAS CAUSED	BY: CAUSE (a) HV	pertensi	ve art	eriosc	lerot	ic ca	ardiovasc	ular di	iseas	e	and dealin
		WWW.EDIAN		AS A CONSEQUE									
		ons, if ony, which	T ALE								P.L.		
		ise to immediate) stating the under-	(b)	AS A CONSEQUE	NCE OF								
	lying co		00210,007	S A CONSEGUE	INCE OF								
	DADY 2 DYUGA C	ICHIELCANT CONDITIONS C	(c)										
z	PART 2 GIRERS	IGNIFICANT CONDITIONS C	ONIKIBUTING TO GEATH BI	AL MAI KETAIFO IO II	TE TERMINAL DISE	ASE OR CONDITIO	IN GIVEN IN P	ART 1 (s.:					
CERTIFICATION	19a DATE OF	FOPERATION	TIBL CONDITI	TION FOR WHICH OPERATION WAS PERFORMED?							Too ALLE	OPCVA	
CA	170 DAIL OI	OFERATION	198. CONDITI	OIA LOK MHICH	OPERATION	WAY LEKLO	(MED?				20 AUT	_	-
RTIF	AL ENTERNI	AL CAUSE WAS	an This as		1					A 1997			NO 🔀
CE	UNDERLYING		21b. TIME OF HOUR A.M.	MONTH DAY		HOW INJURY	OCCURR	ED (ENTER	NATURE OF INJURY IN ITEM	A 18 PART I OR PA	RT 2)		
MEDICAL	CONTRIBUT	ING CAUSE OF D			9	100							
(ED	21d INJURY		21e PLACE O	F INJURY (AT HO DRY, FARM, ETC.)	ME. 211. I	OCATION			CITY OR TOWN	CO	UNTY		STATE
2	AT WORK	NOT WHILE D	18 18 18										
	220 1 200	ify that I took charge	of the remains date	ribad abaus hald	A	рьу 🔲	Inspecti	🕅		ond in my or	-		
	1000	,	[37]	Accident .		<u> </u>			Inquiry .	Ond in my of	pinion		
	death result	red from: Nature	or couses [21],	Accident,	Suicide L	, Homi		Undet	termined monner	_ ,			
	ACTUAL	1000	ada				PECIFY)	hief	OICAL EXAMINER	DATE	7-	14-8	37
	SIGNATURE	111	CVX >			M.D. DCP	ucy c	MED	ICAL EXAMINER	SIGNE	ED		
	EXAMINER'S	NAME Ann	M. Dixon,	M.D.			111	Penn	St., Balte	O. MD	212	01	
	(TYPE OR PR	NT)				_ADDRESS_	-			,			
. (SPECIFY)	TION, REMOVAL 23			F CEMETERY	OR CREMAT	ORY		OCATION OR TOWN arkville,	D - T COU	NIY	Mď.	TE 31
	ırial		7-20-87	Morel				1					
	UNERAL DIRE		ADDRESS	1050 Yo			III E E	REC'D. BY	REGISTRAR 258-R	0 000 0	IGNATUR	0	Man.
Ri	ick Tow	son Funer	al Home,	Inc., Tow	son, M	d.2120	4 10	17.	1 1087 //	lea David	bon. Par	وعماي	b .

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs offeed death. Por retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the Juderal Bit should be detached for use as the burial-transit permit. Then please remove carbonopers. Pages 1 and 2 should be filed within 72 have with the State Deat, of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If them 21 is morked or Item 18 shows ony injury, or other troumotic event, the medical examiner must be notified at once.

)	87,-	FORTEM 3 GE STATE REGISTRAR	530 8-	·18-87 C	DEPARTA	AENT OF H	E OF MARYLAND BEALTH AND MENTAL HYO ICATE OF DEATH	GIENE REG. N	o. 9	6	3
		CEASED NAME OR PRINT)	JAN]		E. HARDIN			JULY 23,	1987	YEAR	26 HOOR P
	3. SE)	Male F	emale	A RACE Blac	k	5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIR		INDER I YEAR	IF UNDER 24 HRS
Land I		RTHPLACE (STATE OR F		76 CITIZEN OF	WHAT COUNTRY?	8 MARDIE	D. NEVER MARRIED	9 BALTIMORE CITY O		DEATH	
1		S.C.			USA	WIDOWE	DIVORCED [
3		BALTIMORI	E	THE C	HEACILITY, GIVE STREET,	PKIN	S HOSPITAL	120 USUAL OCCUPATE OF WORK FOR MOST ON A	ON OF WORKING LIFE)	126 KIND C INDUSTRY	OF BUSINESS OR
1	13a. S	AL RESIDENCE (IF NURS STATE MD	13b. COUN		GIVE RESIDENCE BEFORE 131. CITY OR TOW Baltin	ADMISSION) NOTE	13d. INSIDE CITY LIMITS? YES X NO 1	13e.STREET ADDRESS	ZIP CODE Colvin	St.	21202
1	14. FA	ATHER'S NAME		MIDDLE	Walker	150	Lizie	AME MIDDLE	70	IA:	ST
1		James	111111111111111111111111111111111111111	LED FORCESS	Walker		L1Z1e	ADDRI		rator	1
		VAS DECEASED EVER YES, NO OR UNKNOWN) NO		MED FORCES? E WAR OR DATES)			Virgie Ha			in S	St.
		18. CAUSE OF DEAT PART I. DEATH W	H (Enter on	ly one couse per	line for (o), (b), one	d (c).)		3-1-74		APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
		PARTI. DEATH W			andie	am	ch			minutes	
		Conditions, if ony,	DUE TO, O	R AS A CONSEQUE	NCE OF	and the second second second		72	ays		
		couse (o), storing the underlying couse lost. (c) VUSCULAR INSULTIONS.								yen	-5
	7	PART 2 OTHER SIGN	VIFICANT C	ONDITIONS CO	ONTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN	IN PART 1	0
	TION	Diase		typer kn							
	CERTIFICATION	190. DATE OF OPERA	TION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b IF YES, W IN CERTIFYIN YES	IG CAUSES	
7		21a. ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER NOTIFY MEDI	CAUSE OF DEA	TH HOUR A.	M. MONTH DA	Y YEAR	216 HOW INJURY OCCUR	RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	ORPART ?)	
	MEDICAL	21d INJURY OCCURI	RED	21e PLACE			211 LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
		220.1 certify that (I) sow the decease above, (I) (we) (c	(this hospi	July "	23 195		78 29 19 87 nd that in (my) (our) opinion		23 19 ote ond hour or		that (I) (we) lost couses stated
		22b. SIGNATURE) (ala na	View the body	offer deoff.		DEGREE ATTENDING	MEDICAL STA		220 DATE	SIGNED
_		22d. PHYSICIAN'S N	AME (TYPE O	R PRINT)		/	22e ADDRESS	DIRECTOR PHYSIC	IAN L	1/10	2100
		MICHA	TEL	Chui			Johns Hyphe	ne			
	23a. B	BURIAL, CREMATION,	REMOVAL	7 / 3 0 / 8			emetery or crematory int Grove C	em. CIYOTR	c	OUNTY	SSIAC.

Windows C. March F/H 1101 ADD Ess. North Ave.

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR ASED NAME FIRST MIDDLE 20 DATE OF DEATH MONTH 2b. HOUR Albert Willard Harding 3. SEX 4. RACE 5 DATE OF BIRTH AGE IN YEARS LAST BIRTHOAY IF UNDER I YEAR IF UNDER 24 HRS December 19, 1919 White 67 Male To. BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED WEVER MARRIED Virginia USA WIDOWED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Crane Operator Baltimore Francis Scott Key Medical Center Beth. Steel USUAL RESIDENCE (IF MURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13n STATE 136 COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 531 Bayside Drive 13c. CITY OR TOWN Baltimore Dundalk 21222 Maryland 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Mollie Timberlake Maurice Harding ADDRESS IAN WAS DECEASED EVER IN U.S. ARMED FORCES? 66 SOCIAL SECURITY NO 17 INFORMANT LYES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 577-18-5967 Loretta F. Harding Same as 13e. Yes WW II APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: moray IMMEDIATE CAUSE (a abecres Canditions, if any, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES | NO [710 ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) PM 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STREET (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased fram 7/1/60 saw the deceased alive on. , and that in (my) (our) opinian death accurred on the date and hour and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death DEGREE 221. DATE SIGNED

22b SIGNATURE

23b. DATE

ATTENDING LUD PHYSICIAN 22e ADDRESS

MEDICAL STAFF DIRECTOR PHYSICIAN

22d PHYSICIAN'S NAME (TYPE OR PRINT)

4940 23c NAME OF CEMETERY OR CREMATORY

23d LOCATION

24 FUNERAL DIRECTOR DHMH - 16 60M 7/84

(SPECIFY)

230, BURIAL, CREMATION, REMOVAL

Burial

7-20-87 Gardens of Faith Duda-Ruck Funeral Home of Dundalk

Baltimore Maryland BY REGISTRAR 256 REGISTROPS SONA

7922 Wise Ave. Dundalk, MD 21222

(VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

380		14	FOR	DEPAR	TMENT OF HEALTH AND MENTAL HY	GIENE	1	
136	n JUL 30 87		STATE REGISTRAR		CERTIFICATE OF DEATH	6 / REG. NO	963	3
01	mila		CEASED NAME FIRST	MIDOLE	LAST	20 DATE OF DEATH MO	ONIH DAY YEAR 26 HO	OUR_
Clol	340	(TYPE	OR PRINT) MARI	e MARGAR	et Harris		1 26 87 1	45AM
00.	er o	3. SE		1. RACE	S. DATE OF BIRTH	6. AGE IN YEARS LAST BIRTHD	AY) IF UNDER LYEAR IF UNC	IOER 24 HRS
	ge 4		F	B	5 04 1901	86	YRS	, miles
	B Pour	7a BI	RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTR		9 BALTIMORE CITY OR	OUNTY OF DEATH	
	1 155	D	Naruland	4.5	WIDOWED DIVORCED	Daltim	ore lity	MD.
	1 11 117	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR! (IF NOT JIN SUCH FACULTY, GIVE STR	SING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W		INESS OR
201		1	29 Himore	St. Hain	es Hospigal			
MARYLAND 2120	2 20 20	13n S	TATE 136 COUN	OTHER INSTITUTION GIVE RESIDENCE BEF	OWN 138 INSIDE CITY LIMITS?	13 STREET ADDRESS / Z	IP CODE	5
AN	2 23	Ш	varylandi	(201)	YES NO NO	04/36 KI	nsey Aven	1119
ARY	1 19 1	14. FA	THER'S NAME FIRST	MIOOLE LAST	FIRST	WIOOFE	equasi)	
	1	14. 1	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SE	Son Warga	ADDRESS		Ksor
BALTIMORE,	(1) (1)			/E WAR OR OATES)	14 501 -1 01 0	D 1701	16 A	
LTIN				da +-	10-2819 Juanita.	5055 2136	KIDSEY F	NTERVAL
BA.	to physical control of the control o		PARTI. DEATH WAS CAUSE		nivated intrai	moscular C.	APPROXIMATE IN BETWEEN ONSET A	AND DEATH
₹ ST.	0 0 0 X		IMMEDIA	TE CAUSE 10)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0.000	J. Januar	
PRESTON	oth e cor on, or		Condition 16 and 41 f	DUE TO, OR AS A CONSEC	energ emboli,	saddle to	in a	
PRES	e offer move motion		Conditions, if any, which gove rise to immediate	(10)	0		700	
` ≥	by th		couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEC	ole molignent le	imploma or	CLL	
201	the please of the property of		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING T	D DEATH BUT NOT RELATED TO THE TER	MIN AL DISEASE OR CONDIT	ION GIVEN IN PART 110	
RECORDS,	n sign Then I r to bu	N O						
ECO	ow rante	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHI	CH OPERATION WAS PERFORMED		106. IF YES, WERE FINDINGS U	
AL R	The lo	E				YES NO		
DIVISION OF VITAL	H P N N N N N N N N N N N N N N N N N N		210. ACCIDENT WAS UNDERLYING CAUSE OF DE	110110 4 44 44001511	DAY YEAR	RRED (ENTER NATURE OF INJURY I	NITEM 18 PART I OR PART 2)	
0 7	SICIA certif certif virol-t	CAL	(IF EITHER NOTIFY MEDICAL EXAMINES	P.M.	19		20.00	
SIOI	PHY tending the burned W	MEDI	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME STREET FACTORY OFFIC	E FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
IVI	NG of the orke		WHILE NOT WHILE AT WORK		7/2-	7/2/		
	TOR. A or use of Heol			ottended the deceased from	~7	10 /26	, 19_8, that {I	-
	2 2 2		obove (1) we) did) did no	19 view the body ofter death.		death accurred on the date	and hour and from the causes	
	OR A DIRE Oched Dept		22b. SIGNATURE	m O Sterto	DEGREE ATTENDING	MEDICAL STAFF	7/20 DATE SIGNE	100
	ITAL by the SRAL Stote	1	226. PHYSICIAN'S NAME STYPE O	* Million	PHYSICIAN 22e ADDRESS	DIRECTOR PHYSICIA	ND /00/	8/
	to HOSPITAL etoined by the TO FUNERAL should be detivited with the Stote IMPORTANT:		INM J	HICKEN	St as	mer Has	retal	
Della -	TO HOSE retoined TO FUN should b with the IMPORTA	22 5		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	NAME OF COUNTY	- Invited the state of the stat		
		230 E	SPECE PROPERTIES OF THE SPECE PROPERTY OF TH	7-30-87	NAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY	STATE
	BP	24 FI	JNERAL DIRECTOR A	1/ 30 0/	Kings mem, TK	ATE REC'D. BY REGISTRAR 75	REGISTRAR'S SIGNATURE	0
	DHMH - 16 60M 7/84		NAME -	ADGRES;	21/20 1/20	2 0 1007	THE STORATORES	Candally

DHMH - 16 60M 7/84 (VRA 15, 4)

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Section 2 March 1

Anna VA partie 1831 - Amerikani hapina ili

STATE OF STA

23b. DATE

JLY 31,1987

21215

STATE OF MARYLAND

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in 🖅 (our) opinion death occurred on the date and hour and from the causes stated 22r. DATE SIGNED DIRECTOR PHYSICIAN 23d LOCATION BALTIMORE MARYLAND HEBRÉW FRIENDSHIP

26 HOUR

126 KIND OF BUSINESS OR

AT HOME

BERKOW

21208

8

IF UNDER I YEAR

30

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

230 BURIAL, CREMATION, REMOVAL

6010 REISTERSTOWN RD.

BURIAL

24 FUNERAL DIRECTOR

AUG 5

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060707

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL	HYGIEN
CERTIFICATE OF DEATH	

	DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE REG. NO.	9	6	>5	
E	HARRISON	JULY 17	DA	1987	25 нои 11,	3 50 /
	5. DATE OF BIRTH JULY 9, DAY 1905 EAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTH	DAYS	HOURS	MIN.

1/	LEO ISTRAIN					REG. NO		0		
	CEASED NAME FIRST BERTHA		MIDDLE HAR	RISON	AST	20 DATE OF DEATH JULY	MONTH DA	1987	11,30	
_						6 AGE (IN YEARS LAST BIRT	17	F UNDER I YEAR	11,00	
3 SE		4 RACE 5. DATE O			Y 9, DAY 1905 EAR	82		ONTHS: DAYS	HOURS MIN.	
	EMALE	WHITE		JUL	1 9, 1905		YRS.			
	IRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED X	9 BALTIMORE CITY O	_			
M	ARYLAND	USA				BALTIMO	RE CIT	CITY		
10 C	ITY OR TOWN OF DEATH				OR OTHER INSTITUTION	12a USUAL OCCUPATION			OF BUSINESS OR	
B	ALTIMORE	3900 N	CHARLES	ST.,	APT. 807	"EXECTOR SECRETARY SOUTHERN				
13a	AL RESIDENCE (IF NURSING HOME OF STATE 136 COULT		BALTIMO		138 INSIDE CITY LIMITS?	3900 N. C		APT.	807 #21218	
14. F	ATHER'S NAME				15 MOTHER'S MAIDEN NAM	ME				
	ISAAC	MIDDLE	HARRISON		SARAH	BARBER				
16a \	WAS DECEASED EVER IN U.S. AR		166 SOCIAL SECUR	RITY NO.		LES CAHNADOR	TY.	SUITE	1200	
	YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)				DG. 20 S.CHARLES ST. #21201				
NOI	Conditions, if ony, which gove rise to immediate couse io), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TE					INAL DISEASE OR CONI	DITION GIVE	N IN PART 1	(0	
18	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDING	INGS USED S OF DEATH?	
Ē						YES NO	YES		NO [
CAL CERTIFICATION	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A	DF INJURY .M. MONTH DA .M.	Y YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJUS	TY IN ITEM 18 PAR	RTT OR PART 2)		
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET FACTORY OFFICE, FA	ARM ETC)	211 LOCATION STREET	CITY OR TO	wN	COUNTY	STATE	
15	22a.1 certify that (1) (this haspital) attended the deceased from									
	sow the deceased alive or	of view the body	ofter death.	, 0	nd that in (my) (our) opinion o	deoth occurred on the de	ote and hour	ond from the	couses stated	
	The SIGNATURE	Maxle	inos			MEDICAL STAF	IAN 🗌		18/87	
	ROBERT MATH		D		3503 N. C	1421181 CT	- 40	TI-R	21211	
	KODEKI MAIII	LOOM, M			1 2007 100	111/2003 31	101	1-11	1010	

should be detoched for use with the Stote Dept. of Heo IMPORTANT: If Item 21 is m 236. DATE

23d LOCATION

230. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL BURIAL JULY 20,1987 HEBR

24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC.

23c NAME OF CEMETERY OR CREMATORY HEBREW YOUNG MEN

BALTIMORE

MARYLAND

BALTO, MD 21215 6010 REISTERSTOWN RD.

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

WALL CARACT

. US ACCUSTOR OF THE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH

IF ANY BELAY IS NECESSARY, PLEASE 3, AND 3 TO THE FUNERAL DIRECTOR. S. RETAIN PAGE 5 FOR YOUR FILES. SHOULD BE FILED, WITHIN 72 HOURS

TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CERTIFICATE, WRITING THE WORD, "PER PROPER 4 SHOULD BE FORWARDED TO THE CHIEF WITH TO FUNERAL DIRECTOR; PAGE 3 SHOULD BE USED.

DHMH -

	R PRINT)						311	OF ESTI-		0.7			
CEV		11.01.00	EUGENE	M 6 AGE (IN YEAR:	HARRI			DEATH MATED	☐ 7-19	-8/19 DAY YEAR	2d HC		
SEX		4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	LAST BIRTHDAY		HOURS A		2c. DATE PRONOUNCED					
	ale	Black	2/27/54	33 YRS				DEAD	1 000	-8719	1:3		
a BIRTH	HPLACE (STATE OR	76. CITIZEN OF WHAT COU	NTRY?	MARRIED NE	VER MARRIED		9. BALTIMORE CITY	OR COUNTY	OF DEATH			
	a.		U.S.A.		WIDOWED 🐣	DIVORCED		Baltim	ore Ci	ty			
0. CITY	OR TOWN	OF DEATH	11. NAME OF HOSPITAL, NU		OR OTHER INSTITU	TION I	2a USU	AL OCCUPATION (T			SINES		
F	Baltir	nore	4242 Bonner					borer		0-			
JSUAL R	RESIDENCE	(IF IN NURSING HOME C	OR OTHER INSTITUTION, GIVE RESIDENCE		13d. INSIDE (Tre (more) 1:		ET ADDRESS	7	171	1		
30 JIA	Md.	- Annual Contract of the Contr		_	VES T	NO 🗆		3 East 4	3 Str	COCT	0		
4. FATH	HER'S NAM			ltimor	15. MOTH	ER'S MAIDEN	NAME		3_3LL				
	FIRST		MIDDLE	LAST		RST	C	MIDDLE		LAST			
fa WA	S DECEASI	Roy Harr	SISON SE	CIAL SECURITY I		Ethel	_Sm	ADDRES	S				
	NO, OR UNKN		WAR OR DATES]					702 F		treet			
		+	214	-62-66	23DI Ro	y Hari	ris	on Sr.	43 0				
18		FATILIANA C CALLCE	ly ane cause per line far (a), (b							BETWEEN ONSE			
		IMMEDIA1	E CAUSE (a) MUITID	le gunsh	ot wounds	of he	ead,	chest, at	odomen	and			
			NOWENCE CONTINUES OF THE PROPERTY OF THE PROPE	CONTRACTOR									
		ans, if any, which	(b) left le	~~									
		ise to immediate a) stating the under-	DUE TO, OR AS A CO										
	lying ca	use last.	1 202 10,011 10 11 20	TOE GOETTCE OF									
-	ART 2 DINES	TONICIO THE CONDITIONS	(c)										
	PART 2 OFHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to												
CERTIFICATION 12	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?												
∑ "	N. DAIL O	OFERATION	176. CONDITION FOR		20 AUTOPSY?								
E L										YES 🔀	NO		
		AL CAUSE WAS	HOUR A.M. MONTH	DAY YEAR	216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)					(2)			
		G XOR ING CAUSE OF E	DEATH 1:30AM 7-	19-87	shot by	known	ass	ailant					
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Z N	VHILE	NOT WHILE	apartmen	Ect	4242 BOI	ner Ro	oad	Ba.	ltimore	e. Mary	lañô		
1 4	WHILE AT WORK												
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A			of the mains described ab	ave, held an	tautapsy X.	Inspection		Inquiry	and in my apir	nian			
1		ify that I took hay	at the mains described ab					Inquiry , c	and in my apir	nian			
1	22a. I cert	ify that I took hay			de . Hami	cide X			and in my apir	nian			
A	220. I cert death resul	ify that I taak sha ed from: Nation			de , Hami		Undete	rmined manner	DATE	7-19-	87		
A	220. I cert death resul	ify that I taak sha ed from: Nation			de , Hami	PECIFY)	Undete			7-19-	87		
AI SI	220. I cert death resul CTUAL KGNATURE	ify that I took ho	Accident	Suici	de , Hami TITLE (S Ch:	PECIFY)	Undete	CAL EXAMINER	DATE	7-19-	87_		
AI EX	220. I cert death resul CTUAL IGNATURE KAMINER'S YPE OR PR	of that I took had ed from Notes	John E. Smia.	Suici	de , Hami TITLE (S M.D. Ch:	PECIFY) Lef	Undete _MEDI	CAL EXAMINER Street	DATE	7-19-	87		
AI EX	22a. I cert death resul CTUAL KGNATURE XAMINER'S YPE OR PR	ify that I took ho	John E. Smia. 3b. DATE 23c.	lek, M.D	M.D. Hami	PECIFY) Lef	MEDIC Penn	CAL EXAMINER	DATE	7-19-	87 ATE		
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EX (T) (30. BURI (SPEC	220. I cert death resul CTUAL GNATURE KAMINER'S YPE OR PR IAL, CREMA IEY) BULL ERAL DIRE	ed from Non	John E. Smia. 3b. DATE 23c.	lek, M.D. NAME OF CEME nion Be	de , Hami Tille (s M.D. Ch: ADDRESS_ TERY OR CREMATO Ethel Cl	PECIFY) Lef 111 F DRY Emeter 250 DATE REC	MEDIC Penn 23d LOC CITY C Y C'D. BY	CAL EXAMINER Street CATION OF TOWN Lawrence REGISTRAR 256 REC	DATE SIGNED	7-19-1 e ,Va			

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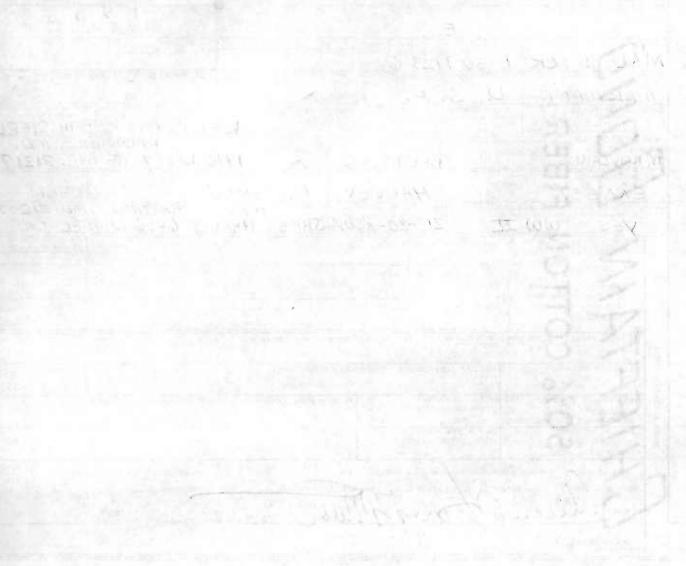
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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BALTIMORE S AFTER DEA GIVE PAGES	1 69	(YES	S, NO, OR UNKNOWN)		WAR OR DATES)												
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D	8		18 CAUSE OF DE	ATH (Enter and	ly ane cause	per line fo	r (o), (b)	, and (c).)				,		7		APPROXIMAT	
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SHOUI CHIEF	252	E															NO 🗌
DIVISION OF 1	NO WE		UNDERLYING			TIME OF IN		DAY YEAR	21c. HC	W INJURY	OCCURRE	D LENTER N	ATURE OF INJURY I	IN ITEM 18 P	ART I OR PART 2	1)	
S FE S	OR JOH	₹ I	CONTRIBUTING	CAUSE OF		P.M.		19									
/ISI	PR PR	MEDICAL	21d. INJURY OCC	URRED		PLACE OF				ATION							
PIN SIN SIN SIN SIN SIN SIN SIN SIN SIN S	3 1 2	2	WHILE AT WORK AT	OT WHILE	3	REET, FACTOR	Y, FARM, ET	C.[,	MEET			CITY OR TOWN		COUNT	Υ	STATE
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PS S S S S S S S S S S S S S S S S S S	2 2 2 3		22a. I certify th	ot I took charg		77	bed oba	ve, held on	Autops	<u>y</u> X.	Inspection	п Ц,	Inquiry	, and	in my opini	an	
M F R	EES		death resulted fr	om: Natur	ol causes	A. A	ccident	L, Sui	cide	Homic	ide	Undete	rmined manne	r L,			1000
*#9	\$ × ×			M/ A.	'-	1 K	- (V . 16		TITLE (SI						7_	13-87
₹ ₩9	王"。—		ACTUAL SIGNATURE	NO	yence	0 10	ne	mu)M.	D. Ass	ıstar	IT MEDK	CALEXAMINE	R	DATE SIGNED.	/-	12-01
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5288	AFTER DEATH, WITH THE STATE BALTMORE, MARYLAND, 2120		RIAL, CREMATION	N, REMOVAL 2	3b DATE		23c. N	IAME OF CEA			ORY	23d. LOC	CATION				
		(5P	Buria	1	7-17-	-87		edar H				CITYO	RTOWN	101	COUNTY	Maryl	and
25M			NERAL DIRECTOR			01	10	cual II	LLI (Jemen L	250. DATE F	REC'D. BY	REGISTRAR 2	Sh REGIS	TRAR'S SIG	NATURE	and
DHMH (VR A15		Mar	th Funer	cal Hom	es 1	L'IVI	E. N	orth A	ve.		JUL	16	987	1 .		Parlas	

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04 Juni 8	311 Cathedral	12.	erosi/inl		harly se.
Tealuff.		917	.772	. 7	270
150	t wa good trink	· a barutalia.		AND SIZE AND ADDRESS, JOHN TOPS	



10 HOSPITAL OR ATTENDENG PHYSICAL THE law debites the death certificate be executed within 24 hours offer death. Page 4 may be retained by the haspital of detending thysicial.

BP. DHMH - 16 60M 7 (VRA 15, 4)

0.9 JUL	Film G629 I FOR STATE PER birth c REGISTRAR	tems 1,5 7-14-87 ert. SB DEPARTA	2 STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	SIENE 87 10	7640
page 3	1. DECEASED NAME FIRST A	NGELINE MIDDLE NGELINE SARAH	HAUF	JULY 2, 1987	M
rector, pours ofter o	3. SEX FEMALE	4 RACE WHITE	S. DATE OF BIRTH MONTH AUG. 28 2 4 1 9 1 7	69 YRS	FUNDER 1 YEAR IF UNDER 24 HRS
or ahee.	Maryland	76. CITIZEN OF WHAT COUNTRY?	MARRIEDXX NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUNTY O	CITY MD.
by the f	DO CITY OR TOWN OF DEATH BALTIMORE	THE JOHNS I	HOPKINS HOSPITAL	170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) HOUSEWIFE.	12b. KIND OF BUSINESS OR INDUSTRY
y filled in hould be er must be	USUAL RESIDENCE (IF NURSING HOME OR 130 STATE - MARYLAND	ITY BALTIMO	THE 13d. INSIDECTTY LIMITS?	130 STREET ADDRESS / ZIP CODE 3 104 FAIRMOUNT	AVE.21224
or pletely	JOHN	T. HASSETT		MIDDLE	C_CROBIE
rs. Pages	NO -	E WAR OR DATES) 214 22	1329 Henry MC C		T. 21213
ng physic banpape removal.	PART I. DEATH WAS CAUSE	ly one cause per line far (a), (b), an D BY: E CAUSE (a) CAROLI E CAUSE (a)	DPULMONARY A	rest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
oftener offion, or traumati	Canditions, if any, which	DUE TO, OR AS A CONSEQUE	CRANIAL EDEN	M	5d
medsererial, creman	cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEOU	sie cerebral	ARTERY OCCLUSION	
range of the port			DEATH BUT NOT RELATED TO THE TERM		WERE FINDINGS USED
d sort of the sort	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING				ING CAUSES OF DEATH?
Medicing Medicing ar Item 18	OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH D.	AY YEAR 19 211 LOCATION	(ENIEK NATURE OF INJURY IN THEM IS PAY	(TORPAREZ)
After the e as the bath and I	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC) STREET	CITY OR TOWN	COUNTY STATE
ed for use of af Hec or af Hec		July 2 1) view the body after death		death occurred an the date and haur	
ERAL DIR e detach State De ANT: If the	22d. PHYSICIAN'S NAME	thony Bleyer	ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN 600 N WOLF	7/2/87
should be deto with the State IMPORTANT: II	A n =	thony Bleyer,			
8.4.1	BURIAL 24 FUNERAL DIRECTOR		OST HOLY REDEEM	CITY OR TOWN	COUNTY STATE MD AR'S SIGNATURE
- 16 60M 7/84 (RA 15, 4)		,INC.1901 EAS		L 06 1987 Adia	Toridon Pondass

MUNICIPAL EXPLANATION OF THE PROPERTY OF THE P THE MINESTER PROPERTY SECURED STATES STATE OF THE RESERVE OF THE PARTY OF THE PAR Commission and A Michigan matter

	tory	X-	FOR STATE REGISTRAR	DEP	ARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 / REG. NO.	9 6 4 2
6 1	4 4 , 101, 3		PERSED NAME FIRST ERNES	NIDDLE R	HAN	1KINS	2a. DATE OF DEATH MO	7 28 87 0515 AM
	ige 4 may rector, pag ur iff if	3. SE	MALE	BLACK	5. DATE C		6. AGE TIN YEARS LAST BIRTHD	MONTHS DAYS HOURS MIN.
	deoth. Po	(Md.	N. CITIZEN OF WHAT COUN	MARRIE		9. BALTIMORE CITY OR C	MD.
201	in by the f	B	AL RESIDENCE IN NURSING HOME OR	II. NAME OF HOSPITAL, NI	STREET ADDRESS)	DR OTHER INSTITUTION	120. USUAL OCCUPATION 11YPE OF WORK FOR MOST OF W LONGKHOVEW	ORKING LIFET INDUSTRY
LAND 2	ly filled shauld b	13a S	THER'S NAME		TOWN	13d. INSIDE CITY LIMITS? YES NO 1	13e STREET ADDRESS 12	W. Fayette St
E, MARY	complete			MED FORCES? 166. SOCIAL	SECURITY NO.	Mamie 17. INFORMANT	ADDRESS	Lyles
ALTIMOR	sicion and of one of the medical of the order of t	{'	(IF YES, GIVE 18. CAUSE OF DEATH (Enter only	WAR OR DATES) Z190	11184	Mis. Virgie Hau	ukins 924	W. Faye He ST. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
N ST., B	g phy anpa emav		PART I. DEATH WAS CAUSED	CAUSE (0) Card	opulma	many Arres	+	35 minutes
RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	that the death ce by the ottending ease remove corb in, cremation, ar reliance		Conditions, if ony, which gave rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONS Ib) DUE TO, OR AS A CONS c)				
DRDS, 2	requires or to bury,	TION	PART 2. OTHER SIGNIFICANT C MELONGOTIC	Stage D f	Prostati	2 CANCER		
AL REC	10000	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR W	HICH OPERATIC		YES NO	NOB. IF YES, WERE FINDINGS USED NO CERTIFYING CAUSES OF DEATH?
DIVISION OF VITAL	31 11 19	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	P.M.	DAY YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY I	N ITEM 18 PART I ORPART 2}
DIVISIO	NG PHY attends where this as the bi th and M anked or	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, O	FFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
	ATTEND expital o ECTOR, v d for vite r, of Heol m 21 k m		22a I certify that (I) (this hospit saw the deceased alive on above, (I) (we) (did) (did not	Santa Santa	.19, o		death occurred on the date	, 19, that (I) (we) lost and hour and from the causes stated
	MALDINE SALDINE SALDIN SALDINE SALDINE SALDINE SALDINE SALDINE SALDINE SALDINE SALDINE		22b. SIGNATURE	0000		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	NE 7/25/67
	O HOSP to FUNE thould be the S MPORTA		22d PHYSICIAN'S NAME (TYPE OF	OTTO		UNIV OF MO		ECT. Int. Medicine
	BP		BURIAL, CREMATION, REMOVAL SPECIFY BUrial	3-01-87	Pleasa	emetery or crematory	Purdun	n county Md. STATE

DHMH - 16 60M 7/84

1SPECIFY Burial
24 FUNERAL DIRECTOR Jas. A. Morton & Sons 1701 Laurens St. (VRA 15, 4)

Julia Devider Rudal

The seal of the se And Sugarian 1987 4 5 106

9865	M.	16-	FOR STATE REGISTRAR			DEPARTN	ENT OF H	E OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH	GIENE 8 / REG. 1	nd 9	6 4	3
noy be poge 3			CEASED NAME OR PRINT) A	FIRST VITA		MIDDLE	HA	4E5	20 DATE OF DEATH	MONTH D		26 HOUR 150 PM
noy . Pog		3. SEX	(4 RACE		5. DATE C		6. AGE (IN YEARS LAST B		FUNDER I YEAR	IF UNDER 24 HRS
ge 4		F	EMALE		BLACK		MONTH	/30/1886	100	YRS	DN: H3	HOURS MIN.
oth. Post	1 24		RTHPLACE (STATE OR F	OREIGN	16 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
		SU	MTER, S.CA	AR.	U.S.A		WIDOWE	DI DIVORCED	BALTO			MD.
ofter dec y the fune led within	1/		TY OR TOWN OF DEA	тн	(IF NOT IN SU	CH FACILITY, GIVE STREET	ADORESS)	OR OTHER INSTITUTION	120 USUAL OCCUPA (TYPE OF WORK FOR MOST		126 KIND (INDUSTRY	OF BUSINESS OR
by the	-6		ALTO.			RTY MED.		TER	N/A		N/	A
filled in must b	26	130 S		136 COUN		13c CITY OR TOWN		13d INSIDE CITY LIMITS?	3803 RE		TOWN	RD. 212
outhir 12 sh	-	14 FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME		LA	51
ond on de			THEODO			4			PEARSON			
ond o	1		VAS DECEASED EVER	(IF YES GIV	MED FORCES?	166 SOCIAL SECU		17 INFORMANT	ADDI			
be e	/		NO	N/	/A	213-74-	0462	WILLIE MAE	WRIGHT 3	3803 R		RSTOWN MATE INTERVAL ONSET AND DEATH
that the death certification is by the attention phoose remove certification of cremotion, contact the contraction contact to the real of the contraction contact to the real of the contact to the	E	Mary Mary	Conditions, if ony, gove rise to imm couse (a), statin underlying couse	which	DUE TO, O	OR AS A CONSEQUE OR AS A CONSEQUE SEPTICE	NCE OF	L ARREST HYPOTEN F I SEPTIC				
uires ugnec en plie o burn		z	PART 2 OTHER SIGN		4			NOT RELATED TO THE TERM				
ING PHYSICIAN: The low requir of the other states of the burletons peem is gos the burletons peem. The ord Mental Hygene prior to booked or Item 18 shows only injury only injury only injury or the ord Mental Hygene prior to booked or Item 18 shows only injury only injur	7	CERTIFICATION	190 DATE OF OPERAT	2		RACT 11) DITION FOR WHICH		N WAS PERFORMED	200 AUTÓPSY?	206. IF YES,	WERE FINDI	NGS USED
CIAN: TI g physici g physici ertificate nol-tronsit intol Hygi	9		210. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER NOTIFY MEDIC	AUSE OF DE	HOUR A	OF INJURY .M. MONTH DA .M.	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN	JURY IN ITEM TO PA	RT I OR PART 21	
offending of the control of the cont		MEDICAL	21d INJURY OCCURE	RE 🗍		OF INJURY	ARM, ETC)	211 LOCATION STREET	CITY OR 1	IOWN	COUNTY	STATE
ATTENDIN tospitol or tECTOR: After ed for use out, of Health		W	22a.1 certify that (1) sow the decease above, (1) (we) (c	d olive on	7-1	19 8		-87, 198 nd that in (my) (our) opinion DEGREE	7_, to7 death occurred on the	date and hour	and from the	that (I) (we) lost couses stated SIGNED
by the h by the h JERAL DIR Se detoche Stote Deg			22d PHYSICIAN'S, NA	ME (TYPE O		~		· ATTENDING PHYSICIAN [DIRECTOR PHYS		7-1	11-87.
TO HOSPI: retoined b TO FUNEF should be with the Si		23a B	ANCC	6-	7 AIK		IAAAE OE O	Libert	123d LOCATION	ical	Cen	lei.

DHMH - 16 60M 7/84

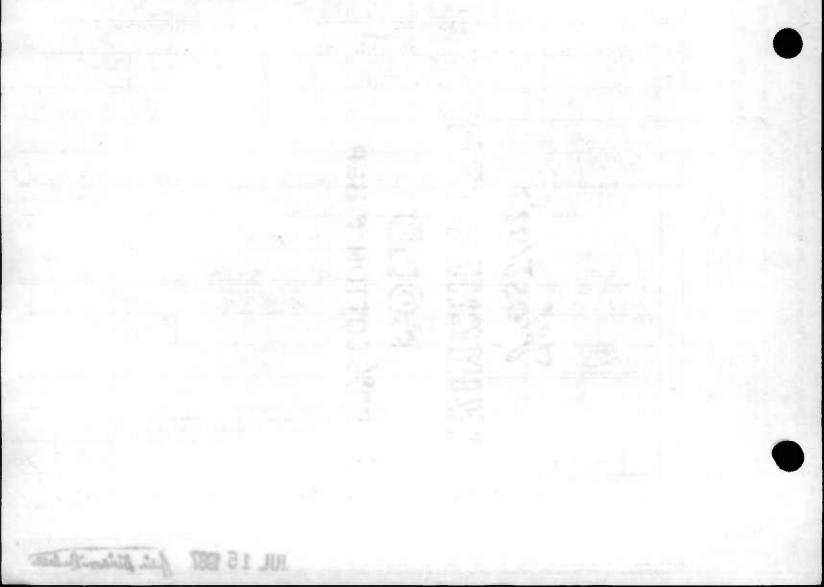
24 FUNERAL DIRECTOR LEROY O. DYETT 4600 LIBERTY HEIGHTS (VRA 15, 4)

7/16/87

230 BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL

23c. NAME OF CEMETERY OR CREMATORY
ARBUTUS MEM. BALTO., MD.

STATE



AUG BUA

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

19645

	1 -	FOR STATE	DEPA		EALTH AND MENTAL HYG	IENE	19673
nn d	1 0	REGISTRAR ASED NAME FIRST	MIDDLE		ST DEATH	REG. NO. 20 DATE OF DEATH MONTH	DAY YEAU 25 HOUR
JUL 4	TAPE	Of BBIA.TI	TEN	H	ayes	7	1087 755
1	3. SE)	20 - 1	4. RACE	5. DATE O		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
TO T	/	1018	SACK	MONTH	10 21	65	RS MONTHS DATS HOURS MIN.
00		RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNT	TRY? 8.	NEVER MARRIED	9 BALTIMORE CITY OR COL	JNTY OF DEATH
£)		VA.	USA.	WIDOWE	D DIVORCED	RAltimor	e City MD
Po //	10 CI	TY OR TOWN OF DEATH	TT. NAME OF HOSPITAL, NU	IRSING HOME O TREET ADDRESS)	R OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)	126. KIND OF BUSINESS OR INDUSTRY
e no	PISILIZ	AL PESIDENCE HE NURSING HOME	OR OTHER INSTITUTION GIVE RESIDENCE B	SECORE ADMISSIONI	HOSPITAL	UNEMPLAYED	
T must E	130 S	STATE 136 COL	UNTY 13c CITY OR	TOWN	13d. INSIDE CITY LIMITS? YES NO	3603 W. LA	NVATE ST.
a ine		THER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NAM	WIDDIE .	LAST
(x)			NKN			UNKN	
dies	16s V	VAS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIALS	SECURITY NO.	17 INFORMANT	ADDRESS	2.1
F.		No	228-26	5-2031	Nellie (1553	003 hANVAle	
1		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	anly ane cause per line far (a), (b SED BY.	or, and ich	101 0010110 (rest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
e o		IMMEDIA	ATE CAUSE IN CAUGE	u pue	monary c		
omo		Canditions, if any, which	DUE TO, OR AS A CONSI	EOUENCE OF	he cardevu	an disea	re
rtro		gave rise to immediate cause (a), stating the	CONTROL OF	COURNES OF	ne ruraeve	010,0000	
othe		underlying cause last.	DUE TO OR AS A CONSI	nc oh	smichre (un disea	n
۲۷, ٥٢	_	PART 2 OTHER SIGNIFICANT	T CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 110
inju	10		(4) see	your	desone		
50 7	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WE	HICH OPERATION	N WAS PERFORMED		IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES \(\bigcap \text{NO} \text{\text{I}}
S sho	ERT	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITE	
E		OR CONTRIBUTING CAUSE OF D		DAY YEAR			
0 H	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION	CITY OR TOWN	COUNTY STATE
rked	Σ	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OF	FIGE, FARM EIG)	15	110 /57	
S HO			spital) attended the deceased fr	(7 /	7 / 19	10 /81	, that (I) (we) last
121			nat view the bady after death.			death occurred an the date and	d hour and fram the causes stated
Her		776 SIGNATURE	7/10	7	ATTENDING .	MEDICAL STAFF	22c. DATE SIGNED
-		274 PHYSICIAN'S NAME COM	Mollen		PHYSICIAN 2	DIRECTOR PHYSICIAN	7/10/81
MPORTAN		AND GOE	6 ebremas	Паи	HE ADDRESS		
₹	23a E	BURIAL, CREMATION, REMOVA	000		EMETERY OR CREMATORY	23d LOCATION	
		Burial	7/15/87	B.0.		CITY OR TOWN	COUNTY STATE
7/84	24. FL	UNERAL DIRECTOR			H COME EARY	REC'D. BY RECTS TRAR 75. RE	GISTRAR'S SIGNATURE
)		Wm. C. March F	F/H 1101 E. Nor	th Ave.	701	5 1987 Alia	Deviden D.

DHMH - 16 60M 7/B4 (VRA 15, 4)

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TO FUNERAL DIRECTOR, After this certificate has been signed by the ottending should be detached for use as the buriol-transit permit. Then please remove carbo with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or re IMPORTANT: If Nem 21 is morked or Nem 18 shows ony injury, or other troumotic

100 18 pp 45 pp

Druid Ridge

Baltimore.

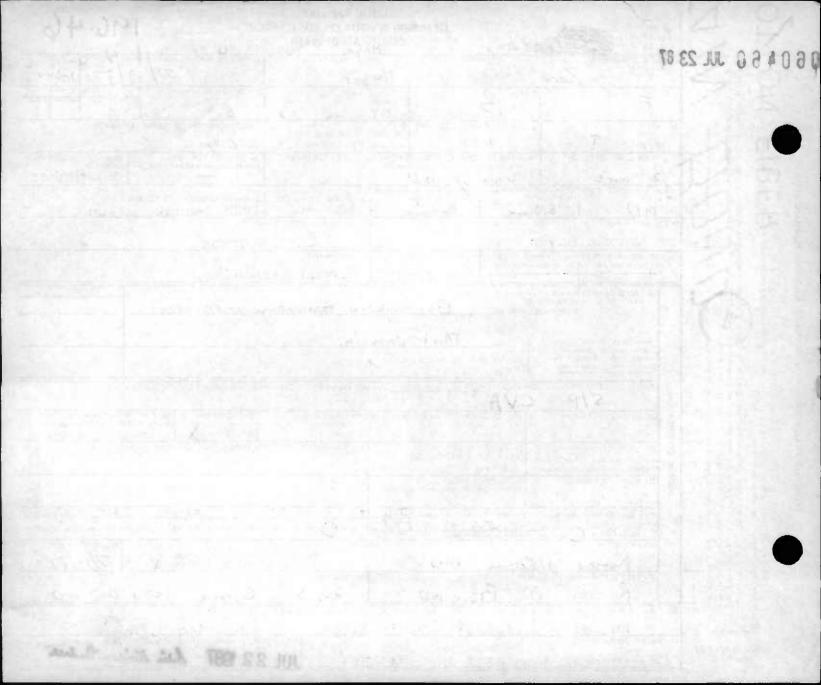
Burial

Law Funeral Home 4611 Park Heights

24 FUNERAL DIRECTOR

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND



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ond 2 should be filled within 72 hours after death

must be notified o

exòm

IMPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other troumotic event, the medical

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and should be detached for use as the buriol-transit permit. Then please remaye carbon popers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the deoth certificate retoined by the hospital or attending physician.

thin 24 hours after death. Page 4 may be

	T	AT	F	OF	AA A	ARY	1 A	ND	
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DEPARTMENT	OF	HEALTH	AND	MENTAL	HYGIENE
CEI	RTI	FICATE	OF	DEATH	

- 3	FOR	DEPAR	TMENT OF HEALTH AND MENTAL HY	YGIENE	
	STATE REGISTRAR		CERTIFICATE OF DEATH	8 REG. NO.	9641
	CEASED NAME FIR	ST MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
1111		mes T.	HAUMAN	/	5-87
3 SE		4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 MRS
	male	Co/ 2	9-27-193:	2 54 YRS.	MONTHS DAYS HOURS MIN.
	RTHPLACE ISTATE OR FOREIG	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNT	Y OF DEATH
10	Allimore, n	od U.S.A.	WIDOWED DIVORCED	DAllimore	CITY MD.
10 CI	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL NURS (IF NOT IN SUCH FACILITY, GIVE STRE	ING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
1	DAllimore	1810 Fen	rose Ave.	Retired.	INDOSKI
130.5	STATE / 13b	OME OR OTHER INSTITUTION, GIVE RESIDENCE BEFO COUNTY 131. STY OR IO		13e STREET ADDRESS / ZIP COL	DE 21217
m	Aryland	DALL	MOTO YES NO	18/0 tenros	e Ave.
14. F.A	ATHER'S NAME	MIDDLE // LAST	15. MOTHER'S MAIDEN N	IAME MIDDLE	LAST
	11/45	HAYMA	n tsthe	10 10,	poson
	VAS DECEASED EVER IN U	.S. ARMED FORCES? 166 SOCIAL SEC	CURITY NO. AT INFORMANT	ADDRESS	2/2/7
,	NO	213-32	-1473 Mrs Denise	Bp: 17m 2434	m Clellah st
	18 CAUSE OF DEATH (Er	nter anly ane cause per line far (a), (b), o	and (c).1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
- 6	PART 1. DEATH WAS C	ALDIATE CAUSE (0) CARDO	10-RESPIRATORY	FALURE	
16.1	15 CO 15 CO	DUE TO, OR AS A CONSEQ	UENCE OF		
	Canditions, if any, whi	ich ((b) 44/	DERTENSION		
	gave rise to immedia cause (a), stating t		UENCE OF		
	underlying cause la	(c)			
	PART 2 OTHER SIGNIFIC	ANT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	RMINAL DISEASE OR CONDITION G	IVEN IN PART TO
ON N	OCA 9 SI	mach (partial 9	Goracky) (D) Chard	lo sarona pi leg	3 Medias mel
CAT	190 DATE OF OPERATION	196. CONDITION FOR WHIC	HOPERATION WAS PERFORMED		ES, WERE FINDINGS USED IFYING CAUSES OF DEATH?
CERTIFICATION					ES NO
	21a. ACCIDENT WAS UNDERLY I		DAY YEAR 216. HOW INJURY OCCL	JRRED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
CAL	(IF EITHER NOTIFY MEDICALEX	OF DEATH	19		
MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
Σ	WHILE NOT WHILE]	E. PARM, ETC.)		
	22a. I certify that (I) (this	hospital) attended the deceased from		, to	, 19, that (I) (we) lost
	saw the deceased of	ive on19. did nat) view the body ofter death.	, ond that in (my) (our) opinio	on death occurred on the date and ho	out and from the causes stated
	22b. SIGNATURE	and not view the body offer death.	DEGREE		22c. DATE SIGNED
	Benjar	m D. Dandr	9 Mrs ATTENDING PHYSICIAN	MEDICAL STAFF	7-7-87
	22d. PHYSICIAN'S NAME	(TYPE OR PRINT)	22e ADDRESS / 70	1 WGST PRAT	7
	BENSAM	IN B. BANDO	DG BA	TIMORES MO	21223
230 E	BURIAL, CREMATION, REM	OVAL 23b DATE 23c	NAME OF CEMETERY OR CREMATOR		
(BURIA	7-11-87 4	Peputus men Tons	E CHIPPRIOWN/	COUNTY STATE
24. FL	JNERAL DIRECTOR		25a D.	ATE REC'D. BY REGISTRAR 25h RECOS	STRACE SIGNAME.

DHMH - 16 60M 7/84

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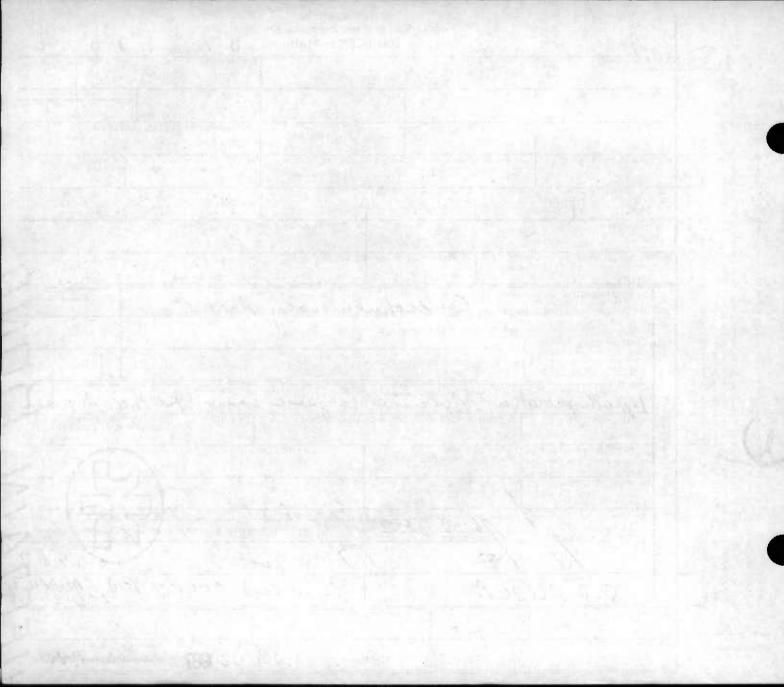
(VRA 15, 4)

oseph L. Russ 2332 W. North Ave JUL 9

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	1-	STATE REGISTRAR 7-15-87	per Anatomy S	B CERTII	FICATE OF D		2		9 5 6	3
RH-		CÉASED NAME FIRST	WIDOLE		LAST		REG. NO	MONTH DA	Y YEAR 2h	HOUR
	TYPE	EILLIA	AN V.	н	EALY	4.5-11		6 2	100 100	: 30
	3 SE		4 RACE	5 DATE	OF BIRTH		6 AGE (IN YEARS LAST BIR			INDER 2
rs offer		Female	White	MONT 5	H 0AY	11	76	YRS	INTHS BAIS HO	URS
Poor Poor		RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNT	TRY? 8	D NEVER M	AADDIED [9 BALTIMORE CITY O		F DEATH	
un 72 h			USA	WIDOW		ORCED	Balto.	City		
3 100 1	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	TREET ADDRESS)			120 USUAL OCCUPATE		12b. KIND OF BU	SINE
2 90		Balto.	Mt. Vernor	n Nurs	ing Ho	me	RETIRED			
ld be	13a. S	TATE 13b COL	OR OTHER INSTITUTION GIVE RESIDENCE BUTTY 13c CITY OR		13d INSIDE CI	TY LIMITS?	921 Duns		0201	m
should	14 E4	Md.	Balto	٥.		MAIDEN NAM		ans Ro	2121	
2 2 m	13.16	FIRST	MIDDLE			FIRST	WIDDIE		LAST	
2 0	160 V	/AS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIALS	SECURITY NO.	17 INFORMAT	NT	3741 Par	SS	7	
Poges	(1		IVE WAR OR OATES)							,
the r		Unkn.	only one couse per line for (a), (b		B MI.	Raymo	ond Hamlet		Balto. APPROXIMATE BETWEEN ONSET	
ol, cremo		gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSE	EQUENCE OF						
Then plant to burninjury, o	NOI	PART 2 OTHER SIGNIFICANT HYPO Chyro	conditions contributing	TO DEATH BUT	NOT RELATED	TO THE TERMI	bram y	DITION GIVEN	00 /10 01	(a)
to sony	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WH	HICH OPERATIO	N WAS PERFOR	MED	200 AUTOPSY?		WERE FINDINGS	
Show -	ERTIF	210, ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		Tar training		YES NO	YES	N	0 🗌
1 8 0	-	OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH		ZIC HOW IN	URT OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PAR	I ORPARI 2)	
Ministra or them	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19	21f LOCATIO	N				
B 'B	ME	WHILE NOT WHILE AT WORK	LAT TOME STREET, FACTORY, OFF	FICE FARM, ETC.)	STREET	200	CITY OR TO	MN	COUNTY	51/
ked h			AV.	-	-	EX	-	20.10	87 that	(I) (w
ealth an		22s I certify that (I (this hose	attended the deceased fro	om_e	()	., 19	, to			
forms of Health and 21 is marked		22s I certify that (I) (this has	16-13.	(7°	nd that in (my) (our) opinion d	eoth occurred on the do	ate and hour o		es stat
sched for use as the Dept. of Health an I them 21 is morked		22s I certify that (I) (this has	22/ 17	9.5-7.0	DEGREE		NY STATE			NED
tracked for the first the Dept. of Health is:		226 I certify that (I) (this has saw the deceases abyono above, (II) (we) still both y 22b SIGNATURE	or view the pody offer death.	9.5-7.0	DEGREE AT	TTENDING HYSICIAN	MEDICAL STAF	F IAN []	22c DATE SIGN	NED (
stocked for use in the Dept. of Health in it is morked		22s I certify that II (this hose saw the decessed allows above, (II (we) and lightly	Or of Art)	9.5-7.0	DEGREE	TTENDING HYSICIAN	MEDICAL STAF	F IAN []	22c DATE SIGN	NED A
should be detached for units the State Dept. of Health and PORTANT: If them 21 is market		22d PHYSICIAN'S NAME (1996	or P(A1)	9.8-7.0	DEGREE M. P. AI 22e ADDRESS	TTENDING PHYSICIAN B	MEDICAL STAF	F IAN []	22c DATE SIGN	NED A
should be detached for units the State Dept. of Health and PORTANT: If them 21 is market	230 B	226 I certify that (I) (this bases as we the deceases above above. (II (we) still both y 22b SIGNATURE	OR OF ATE	9.8-7.0	DEGREE AT	TTENDING PHYSICIAN B	MEDICAL STAF	IAN []	22c DATE SIGN	NED A



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tely filled in by the funeral director. 2 should be filed within 72 haurs after

STATE	OF	MARYL	AND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG.	NO	9	6	4	9
REG.	140:				

27	de	STATE REGISTRAR	DE		FICATE OF DEATH	9	649
-11	1. DE	CEASED NAME FIRST	WIDDLE		LAST	REG. NO.	DAY YEAR 26 HOUR
93	(TYPE	OR PRINT)	4		LEATL	7	21 87 10:41A
700	3. SE	CLAK	14 RACE		OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
				MON	TH DAY YEAR	12 (MONTHS DAYS HOURS MIN
	-	EMALE	WHITE	6	2 13	T Y YRS	
17		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COU	NTRY? 8.	ED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
2	7	TRGTNTA	U.S.A.	WIDOW		BALTIMORE C	CITY A
	10. CI	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N		OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LT)	126. KIND OF BUSINESS C
5	F	BALTIMORE	GOOD SAMA		HOSPITAL.	NONE .	TO INDUSTRI
1	USU	AL RESIDENCE HE NURSING HOME O	ROTHER INSTITUTION, GIVE RESIDENC	BEFORE ADMISSION)		
4	130. 3	STATE 136 COU			134 INSIDE CITY LIMITS?	130 SHERWOOL	
	14 F.A	MD. ATHER'S NAME	BAI	TO.	15. MOTHER'S MAIDEN NA		AVENUE ZIZ
0		FIRST	MIDDLE		FIRST	MIDDLE	LAST
V	14	GERALD		RETSON	17 INFORMANT	ADDRESS	
1		VAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	L SECURITY NO.	II INFORMANT	ADDRESS	
		NO	212-	07 - 170	5 CYNDY CH	IERRY-GOOD SAMA	
		18 CAUSE OF DEATH (Enter o		(b), and (c).			APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
		PART I. DEATH WAS CAUS	TE CAUSE (a)	iti culan	- Fibrillation		30 minutes
	NO	PART 2 OTHER SIGNIFICANT	((c) CONDITIONS CONTRIBUTION	G TO DEATH BU	IT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIV	/EN IN PART Ita
9	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR V	VHICH OPERATE	ON WAS PERFORMED	IN CERTII	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES \(\text{NO} \)
9		21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE LIF EITHER, NOTIFY MEDICAL EXAMINE	HOUR A.M. MONT	H DAY YEAI	21c. HOW INJURY OCCUI	RRED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, O	OFFICE, FARM ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
		270.1 certify that M (this hasp saw the deceased alive of abave. M (we) (did) (did n	oital) attended the deceased of 7 (ot) view the body after death.		and that in (pry) (aur) opinion	to 7/2(, and death accurred on the date and have	19_87, that A (we) lo ur and from the couses stated
		226. SIGNATURE			DEGREE		221. DATE SIGNED
		(+. Kh			HA ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	7/21/27
T		22d PHYSICIAN'S NAME (TYPE	ORPRINT)		220 ADDRESS	SAMARITAN +	IOSPITAL
110		BURIAL, CREMATION, REMOVA	L 23b. DATE	23c. NAME OF	CEMETERY OR CREMATORY	23d LOCATION	
		REMOVAL	7-22-87			CITY OR TOWN	COUNTY STATE
	24. FI	UNERAL DIRECTOR	1-22-07		25a. DA	TE REC'D. BY REGISTRAR 256 REGIS	TRAR'S SIGNATURE
34		NAME		DRESS	111		Dividen Pondage
		STATE AND	ATOMY BOARD	BALT	O. MD. JU	L 2 4 1987 Aulia	Windows-Kandrak

DHMH - 16 60M 7/84 (VRA 15, 4)

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TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physici should be detached for use as the burial-transit permit. Then please remave carban paper with the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar remaval.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low equined by the haspital ar attending physician. FOR STATE REGISTRAR

completely filled in by the funeral

STATE OF MARYLAND

CERTIFICATE OF DEATH REG. NO	LIFE) 126 KIND OF BUSINESS INDUSTRY
AGNES 4. RACE 4. RACE 5. DATE OF BIRTH MONTH DEC. 9 1906 80 YRS 70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) MD. 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (FE NOT INSULT ACTION OF WORKING) BALTIMORE 12. S.A. WIDOWED DIVORCED 13. CITY OR TOWN OF DEATH 13. CITY OR TOWN DEC. 9 1906 14. FATHER'S NAME FIRST MIDDIE LAST BAUER 15. MOTHER'S MAME FIRST MIDDIE LAST BAUER 16. WE SIREE ADDRESS / ZIP COUNTRY 17. MOTHER'S NAME FIRST MIDDIE LAST BAUER 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 1666 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS AGE (IN YEARS LAST BIRTHDAY) 6. AGE (IN YEAR) 6. AGE (IN YEAR) 6. AGE (IN YEAR) 6. AGE (IN YEAR) 6. AGE (IN YEAR	IF UNDER LYEAR IF UNDER 24 F MONTHS DATS HOURS M
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TO CITY OR TOWN OF DEATH DEC. 9 1906 BALTIMORE U.S.A. WIDOWED DIVORCED DIVORCED BALTIMORE (STATE OR FOREIGN COUNTRY) WIDOWED DIVORCED DIVORCED BALTIMORE (SH NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 2848 MAYFIELD AVE. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136. STATE DEC. 9 1906 BALTIMORE BALTIMORE 178. DIVORCED DIVORCED 179. DIVORCED 170. CITY OR TOWN 170. DIVORCED 170	TY OF DEATH CITY 12b. KIND OF BUSINESS INDUSTRY DE
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11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (# NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 2848 MAYFIELD AVE. 136. STATE 136. STATE 136. CITY OR TOWN 137. CITY OR TOWN 138. STATE 139. STATE 139. COUNTY 130. CITY OR TOWN 131. CITY OR TOWN 131. CITY OR TOWN 132. CITY OR TOWN 133. CITY OR TOWN 134. INSIDE CITY LIMITS? 135. STREET ADDRESS / ZIP COUNTY 136. STREET ADDRESS / ZIP COUNTY 137. MOTHER'S MAIDEN NAME 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 18. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING) (TYPE OF WORK FOR MOST OF WORKEND.	126 KIND OF BUSINESS INDUSTRY
BALTIMORE 2848 MAYFIELD AVE. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136. STATE 136. CITY OR TOWN BALTIMORE 137. CITY OR TOWN 138. INSIDE CITY LIMITS? 2848 MAYFIELD 14. FATHER'S NAME FIRST CONRAD 15. MOTHER'S MADIEN NAME FIRST BAUER 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	DE
USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 130. STATE 131. COLINTY 132. CITY OR TOWN 134. INSIDE CITY LIMITS? 2848 MAYFIELD 15. MOTHER'S MADE 15. MOTHER'S MADE 15. MOTHER'S MADE 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
MD BALTIMORE YES NO 2848 MAYFIELD 14 FATHER'S NAME FIRST CONRAD BAUER 15. MOTHER'S MAIDEN NAME FIRST BARBARA 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	
14 FATHER'S NAME FIRST CONRAD BAUER 15. MOTHER'S MAIDEN NAME FIRST BARBARA 166 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	AVE. ZIZIJ
CONRAD MIDDLE BAUER BARBARA MIDDLE MIDDLE MIDDLE MIDDLE MIDDLE ADDRESS ADD	
160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	FIEDLER
100 WAS DECEASED LYER IN O.S. ARMED TORCES: 100 SOCIAL SECORITI TO. 117 INTORNAL	r TEDLEK
(YES, NO OR UNKNOWN) (IF YES GIVE WAR OR DATES)	87 KENYON AVE
NO 219-18-4690 LORRAINE SATTERFIELD (NIECE	
18 CAUSE OF DEATH (Enter only one couse per line for (g), (b), and ye	APPROXIMATE INTERVAL BETWEEN ONSET AND DE
PART I. DE ATH WAS CAUSED BY: IMMEDIATE CAUSE 10) Ordioc Onest	Meurle
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION G	IVEN IN PART 110
IN CERT	ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18	PART (OR PART 2)
214 IN HIRY OCCURRED 216 PLACE OF IN HIRY 211 LOCATION	COUNTY STAT
	COUNTY STAT
220 certify that (1) (this haspital) attended the deceased from 10 7-75, 19, 105-18	, 19 87, that (It (we)
saw the deceased alive an 19 , and that in (my) (aur) opinion death occurred an the date and ha	
abave, (1) (we) (did) (did not) view the body after death. 27b. SIGNATURE DEGREE 7	22¢, DATE SIGNED
William L. Henry M.D. ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	7-8-8
224 PHYSICIAN'S NAME (TYPE OR PRINT) / 22e ADDRESS	
DR. WM. L. FEARING 3025 BELAIR RD.	
236 BURIAL, CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION	
BURIAL 7/9/87 HOLY REDEEMER BALTIMORE	MD.
24 FUNERAL PRESENTATION DITENTAL LICHES TAVE	STRAR'S SIGNATURE
3331 Brehms Lane, Balto, Md. 21213	Taridorn-Randall

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and a should be detached for use as the burial-transit permit. Then please remove carbompopers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

retained by the haspital or attending physician.

BP.

(VRA 15, 4)

STATE OF MARYLAND HYGIENE

DEPAR	TMENT	OF	HEAL	HT.	AND	MENTA	L
	CE	RTI	FICE	ATF	OF	DEATH	

FO	HEGISTRAR		CERTII	TICALE OF DEATH	REG. N	0.	9 6	5		
	CEASED NAME ERST	MIDDLE		LAST	20 DATE OF DEATH	MONTH + DAY		76 HOUR		
	WILSO	M	HE	rw?		79	87	135 AM		
3. SE	X	4 RACE	5. DATE		6. AGE (IN YEARS LAST BIR	-	UNDER I YEAR	IF UNDER 24 HRS		
	111	Black	MONT		124r	YRS MOR	THS DAYS	HOURS MIN.		
	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNT	RY? 8	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY O	FDEATH			
	-n Known	USA.	WIDOW		Baltin	ore	cita	MD		
10.5	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUI		OR OTHER INSTITUTION	170 USUAL OCCUPATE	ON	126 KIND C	F BUSINESS OR		
	saltimore	Sinai	HOCA	ital	Retired	WORKING FIRE	INDUSTRI			
USU 13a	AL RESIDENCE (IE NURSING HOME O	ROTHER INSTITUTION, GIVE RESIDENCE BE		113d. INSIDE CITY LIMITS?	13e STREET ADDRESS	ZID CODE		Λ		
	MD B.	to B. Cit	Y	YES NO		lilsda	e R	0 2120		
14. F	ATHER'S NAME	MIDDLE LAST)	15 MOTHER'S MAIDEN NA	WE	- 21				
200		mode that		FIRST	MIDDLE		LAS			
	WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SI	ECURITY NO.	17 INFORMANT	ADDRE	SS				
	NO NO	241-14	1-5341	Rufus Smi	th 2309	Ellan	cont S	5+.		
	18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one cause per line far (o), (b)	ond (c).)	A			APPROXI BETWEEN	MATE INTERVAL DINSET AND DEATH		
		TE CAUSE (a)	to-t	MUDOUNA	arvest	•				
	DUE TO, OR AS A CONSEQUENCE OF									
6	Canditians, if any, which gave rise to immediate	(16) Ca Wit	79 W	out Dema	1 effers:	00.				
	cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSE	QUENCE OF	1	W					
		(c)								
ž	PART 2. OTHER SIGNIFICANT	conditions contributing	TO DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CONI	DITION GIVEN	IN PART 110	21		
CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WH	ICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, W				
Ĕ					YES NO	IN CERTIFYIN		OF DEATH?		
E E	718. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21L HOW INJURY OCCUR						
A.	OR CONTRIBUTING CAUSE OF DE		DAY YEAR							
MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY		21f LOCATION						
¥	WHILE NOT WHILE AT WORK	(AT HOME, STREET, EACTORY, OEE)	KE, EARM, ETC)	STREET	CITY OR TO	MM	COUNTY	STATE		
		ital) attended the deceased fra	m	1161,1987		8 19.		that (I) (we) last		
		ot) view the body after death.	9, ai	nd that in (my) (aur) apinion	death occurred on the do	ite and hour ar	nd fram the	causes stated		
123	276. SIGNATURE	1) . 1		DEGREE			221. DATE	SIGNED		
	71/ any 1	Kamal		ATTENDING PHYSICIAN	MEDICAL STAF		17	7/8/		
	77d PHYSICIAN'S NAME (TYPE	OR PRINT)		??e. ADDRESS						

DHMH - 16 60M 7/B4

O FUNERAL DIRECTOR

MPORTANT: If Item 21 is should be detached fo with the State Dept. of

(VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL Burial 7/17/87

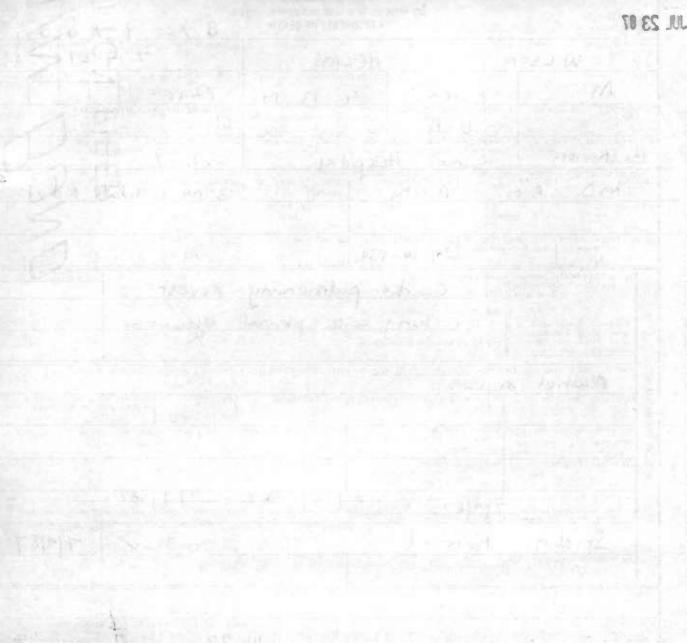
Wm. C. March F./H West 4300 Wabash Avenue

73c. NAME OF CEMETERY OR CREMATORY

Lands down

MD

Mt Zion Cemetery 1-REGISTRAR 256 REGISTRAR'S SIGNATURE



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

100								REG. NO.			
	DECEASED NAME	FIRST	M	IDDLE	L.	AST	20 DATE	DE DEATH MON	TH DAY	YEAR	26 HOUR
111	PE OR PRINT)	Lawrence	ce I	Bargar,	Hem	on	130	7	21	87	2:00 F
3. 5	SEX		ACE		5. DATE O	DE BIRTH	6 AGE (IF	YEARS LAST BIRTHDAY		DER I YEAR	IF UNDER 24 HRS
	Male		White	9	MONTH	6 12	7	5	YRS	HS DAYS	HOURS MIN.
7 a	BIRTHPLACE STATE OR	FOREIGN 76. C	ITIZEN OF V	HAT COUNTRY?	8	NEVER MARRIED	9. BALTIM	ORE CITY OR CO	DUNTY OF	DEATH	
	Maryland		U.S	.A.	WIDOWE	- /	Ba	14imoi	re (21/2	MD
10	Baltino	ATH 11.		PACILITY GIVE STREET	ADDRESS)	Lospital		L OCCUPATION ORK FOR MOST OF WO	RKING LIFE)	NDUSTRY	Driver
130	UAL RESIDENCE IF NUR STATE Maryland	SING HOME OF OTHE	rinstitution o	ove residence before 130. CITY OR TOVE BAltimo	VN I	13d INSIDE CITY LIMITS? YES 🔀 NO 🗌	804	ADDRESS / ZIF Unetta <i>P</i>		21:	229
14.	FATHER'S NAME	MIDD	ıE	LAST		15. MOTHER'S MAIDEN I	NAME	MIDDLE		&A	
	Sylvanas			Hem	-	Ida		10000		Ba	rgar
160	(YES, NO OR UNKNOWN)	IF YES GIVE WA		166 SOCIAL SECT		17. INFORMANT		ADDRESS			
	NO			213-03-	7625	Emily L. H	emp 80	4 Unetta	a Aven	ue :	21229
	Conditions, if any	r, which	DUE TO, OR	AS A CONSEQU	ENCE OF Kena	l failure E	Conges	five hours	failure		
ATION	gave rise to im couse (a), stati underlying cause	mediate ng the e last NIFICANT CON	(b) DUE TO, OR (c) DITIONS CO	Chronic AS A CONSEOU	ENCE OF	NOT RELATED TO THE TE		b - 10			3.3
TIFICATION	gave rise to im couse (a), stati underlying cause	mediate ng the e last NIFICANT CON	(b) DUE TO, OR (c) DITIONS CO	Chronic AS A CONSEOU	ENCE OF	O failure &	Conges:	TOPSY? 20b	. IF YES, WE	RE FINDI	3.3
ICAL CERTIFICATION	gove rise to imcouse (a), stati- underlying causi PART 2 OTHER SIG 19a DATE OF OPERA 21a. ACCIDENT WAS UN	mediate ng the e last NIFICANT CON ATION IDERLYING CAUSE OF DEATH	(b)	AS A CONSEQUENTRIBUTING TO	ENCE OF	N WAS PERFORMED	200 AU	TOPSY? 200	. IF YES, WE CERTIFYING YES	ERE FINDII G CAUSES	NGS USED OF DEATH?
MEDICAL CERTIFICATION	gove rise to imcouse (a), stati- underlying causi PART 2 OTHER SIG 19a DATE OF OPERA 21a. ACCIDENT WAS UN	MEDIOTE ON THE CONTROL OF THE CONTRO	(b) DUE TO, OR (c) DITIONS CO 19b CONDIT 21b. TIME OF HOUR A.M. P.M. 21e. PLACE C	AS A CONSEQUENTRIBUTING TO	ENCE OF DEATH BUT OPERATION AY YEAR 19	N WAS PERFORMED	200 AU	TOPSY? 200	O. HE YES, WE CERTIFYING YES	ERE FINDII G CAUSES	NGS USED OF DEATH?
	PART 2 OTHER SIG	INTERPRETATION ATION	DUE TO, OR (c) DITIONS CO 19b CONDIT 21b. TIME OF HOUR A.M. P.M. 21c. PLACE C (AT HOME STRE ottended the	AS A CONSEQUENTRIBUTING TO ION FOR WHICH INJURY A. MONTH D IF INJURY ET FACTORY, OFFICE. deceosed from 2 / 19	ENCE OF DEATH BUT H OPERATION AY YEAR 19 FARM EIC)	211. LOCATION 211. LOCATION STREET 19 d that in (m) (aur) apini DEGREE ATTENDING PHYSICIAN	200 AU YES URRED (ENIER) On death accur	NOT IN NOT IN	AF YES, WE CERTIFYING YES TEM 18 PART I	COUNTY	NGS USED OF DEATH? NO STATE
	PART 2 OTHER SIG 19a DATE OF OPERA 21a. ACCIDENT WAS UN OR CONTRIBUTING LIFELIHER NOTIFY MED 21d. IN JURY OCCUR WHILE AT WORK 22a.1 certify that (1) sow the deceadobove, (1) (we) (1)	INTERPRETATION ATION	DUE TO, OR (c) DITIONS CO 19b CONDIT 21b. TIME OF HOUR A.M. P.M. 21c. PLACE C (AT HOME STRE ottended the	AS A CONSEQUENTRIBUTING TO ION FOR WHICH INJURY A. MONTH D IF INJURY ET FACTORY, OFFICE. deceosed from 2 / 19	ENCE OF DEATH BUT H OPERATION AY YEAR 19 FARM EIC)	211. LOCATION STREET 211. LOCATION (COUNTY) (CO	URRED (ENTER)	NOD IN NOTICE OF INJURY IN I	AF YES, WE CERTIFYING YES TEM 18 PART I	COUNTY	NGS USED SOF DEATH? NO STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

Burial

Meadowridge Mem. Pk. Elkridge

Howard

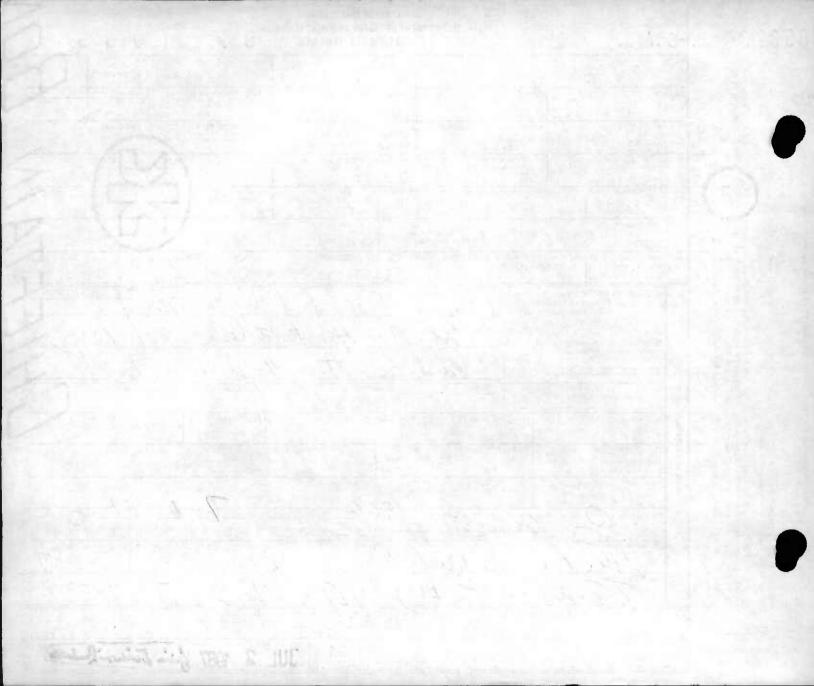
24 FUNERAL DIRECTOR Hubbard Funeral Home, Inc. 4107 Wilkens Ave. REC'D. BY REGISTRAR'250, REGISTRAR'S SIGNATURE

		Item #15, G-630, 8/	4/87 by F.	H., / Gbj	STATI	OF MARYLAND					
0.10.0	11	FOR - STATE		DEPART		EALTH AND MENT			1 0	6 5	3
161518 AUG:	-4	REGISTRAR				ICATE OF DEAT		REG. NO		0 3	T. A.
mark o m=	(TY	CEASED NAME FIRST	MI	DDIE	12.	AST	20	DATE OF DEATH	MONTH DA	YEAR	26. HOUR
noy be poge 3	2.0	2 LL	1	B.	1761	MOVICE		GE (IN YEARS LAST BIRT	(MDAY)	FUNDER 1 YEAR	IF UNDER 24 HRS
A Tale	3. St	x C	4. RACE	2	5. DATE C	DAY YE	EAR		MC MC	ONTHS DAYS	HOURS MIN.
Poge	70 0	SIRTHPLACE ISTATE OR FOREIGN	7b. CITIZEN OF W	CUAT COUNTRY?	5	2 0	96	G / BALTIMORE CITY O	PCOUNTY	DE DE ATH	
Table Sh.	74. 0	COUNTRY) MJ	US	A	MARRIE	D NEVER MARRI	ED W	72		city	MD
thun de	10.0	CITY OR TOWN OF DEATH	11. NAME OF HO		IG HOME C	OR OTHER INSTITUTION	ON 120	USUAL OCCUPATI		12b. KIND OF	F BUSINESS OR
15 to 4 to 1	1	Baltimore	SL DO	FACILITY, GIVE STREET			(1)	DISable		INDUSTRY	
212 213 d in b		JAL RESIDENCE (IF NURSING HOME COSTATE 136 COL			ADMISSION)	13d. INSIDE CITY LIA	MITS? 1130	STREET ADDRESS		2,	1215
AND 24		Ma		Baltin		YES NO			Beec	hler	Are
thur thur and share	14. F	ATHER'S NAME	WIDDLE	A JAST		15. MOTHER'S MAIL	DEN NAME	WIDDLE	111111	LAST	,
1 /1 3500		Mack		(716501	-	Mar	4			FIE	elds
# (A & A &)			RMED FORCES?	O 11- 20		P. Reginan	- A	ADDRE			p 1. 12d
		NO		216-20		Reg navo	- J. N	lorwood	328	High	alcon
M STATE		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	inly one couse per li SED BY:	ine far (a), (b) an	dicil		1			BETWEEN	NATE INTERVAL
TS de la constant de			ATE CAUSE (a)	100	MON!	ary Co	CON	18			
O to			DUE TO, OR	AS A CONSEQU	ENCE OF		1	6 %.	1		
RE de		Canditions, if ony, which gove rise to immediate	(p)	(-67	ryesi	eve 7	reas	1 feet	icu_		
A 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		cause (a), stating the underlying couse last.	DUE TO, OR	AS A CONSEQU	ENCE OF	011.	266	To do -			
20 the place of th		PART 2. OTHER SIGNIFICANT	CONDITIONS CO			NOT RELATED TO T	HE TERMINA	L DISEASE OR CON	DITION GIVE	N IN PART 100	
RDS,	Z	Luns 2	nost.	/	Wal	eles.					
2 1 11 17	1 §	190. DATE OF OPERATION	196 CONDIT	ION FOR WHICH	OPERATIO	N WAS PERFORMED		20a AUTOPSY?		WERE FINDIN	
A State of the sta	CERTIFICATION							YES NO	YES		NO 🗌
2 3 1 1 1 1 C		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D			AY YEAR	21c. HOW INJURY	OCCURRED	ENTER NATURE OF INJUI	RY IN ITEM 18 PAI	RT 1 OR PART 2)	
N SiCu	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMIN	ER) P.M	·	19						
OS STORES	MED.	21d. INJURY OCCURRED	21e. PLACE O	F INJURY ET, FACTORY OFFICE, I	FARM, ETC)	211. LOCATION STREET		CITY OR TO	WN	COUNTY	STATE
DIV NG NG NG NG NG NG NG NG NG NG NG NG NG		MHILE NOT WHILE AT WORK				1,/	(3)		/		
Do Service A		220.1 certify that (1) (this has saw the deceased alive a	-	deceosed from_	17	nd that in (my) (our)	N/	th accurred on the do	ate and hour		that (I) (we) lost
2 of 50 of 5	10	abave, (1) (we) (did) (did r	nat) view the bady o	ifter deoth			opinian deal	in accorred on the ac	are and nour		
A A September		22b. SIGNATURE	1			DEGREE ATTEN	IDING /A	AEDICAL STAI	FF _	22c. DATES	,
S S S S S S S S S S S S S S S S S S S	-	224 PHYSICIAN'S NAME THE	6			PHYSI 22e ADDRESS	CIAM D	IRECTOR PHYSIC	IAN	1/80	187
The Stor		220 PHISCIAN STAINE THE	16	2001	/	THE ADDRESS					
01 04 4	22	BURNAL CREMATION STUCK		man	NAME OF S	EMETERY OR COL	ATORY T	23d. LOCATION			
D.D.	730	BURIAL, CREMATION, REMOVA	23b. DATE 8/3/8			EMETERY OR CREM		CITY OR TOWN	rundel	COUNTY	Mã
BP	24.	Burial	0/3/8	1	ar n			C'D. BY REGISTRAR			
DHMH - 16 60M 7/84 (VRA 15, 4)		Vm. °℃. March F/	H West 43	00 Wahas	sh Ave			G 3 1987	1 .:		n. Pandace
(**************************************				oo maba.	311 /14 (illuc					

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201
10 HOSPITAL DR ALTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or afterding physician.
TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely after this certificate has been signed by the attended for use as the bund-stransit permit. Then please remove carbonopeers, Pages 1 and 2 million 72 hours after death
with the State Dept. of Health and Mental Hygiene prior ta burial, cremation, ar remaval.
IMPORTANT: If Hem 21 is marked at Hem 18 shows any injury, at other traumatic event, the medical examin

(VRA 15, 4)

		FOR	DEDARTS		OF MARYLAND	IFMF	
8736 JUL	-15	STATE REGISTRAR	DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	8 / REG. NO.	19654
		CEASED NAME FIRST	MIDDLE	l.	AST		ONTH DAY YEAR 26 HOUR
ay be	(TYPE	Charl	es Richard H	dende	emihle	July	/ 1 1987 _M
pod bod	3. SE		4. RACE	5. DATE C		6 AGE (IN YEARS LAST BIRTHD	1111
ector.		Male	White	Dec.		77	YRS.
Page Hours	7a. Bl	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8	NEVER MARRIED	BALTIMORE CITY OR	COUNTY OF DEATH
n 72 in 72		aryland	U.S.A.	WIDOWE	/	Baltimor	MD.
S S S S S S S S S S S S S S S S S S S	10. CI	TY OR TOWN OF DEATH Raltimore	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET, 30 S. Castle	ADDRESS)		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W	
in a second	USU	AL DESIDENICE HE NURSING HOME OF	ROTHER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION)			Brewery
24 1	30 N	laryland 136 COU	NTY 13c. CITY OR TOW Balt:		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / Z	ile St. 21231
thin thin	_	THER'S NAME			IS. MOTHER'S MAIDEN NA	ME	16 56. 21251
d w	Ant	hony	Hengemil	nle	Mary	WIDDLE	Beyer
of Co	16a. V	VAS DECEASED EVER IN U.S. AF	MED FORCES? 166 SOCIAL SECU		17 INFORMANT	ADDRESS	
Page ex	(YES, NO OR UNKNOWN) (IF YES GI	II 216 03	4520	Catherine	Hengemihle	
th certificate nding physicic carbanpaper, or remaval.		PARTI. DEATH WAS CAUSE	nly one couse per Ine (a) (b) control by the CAUSE (o) DUE TO, OR AS A STREET OF THE CAUSE OF THE CAUSE (b) THE CA	e de	zocardiol	deponer	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
dea atter		Conditions, if any, which gave rise to immediate	(1b)	ww	e read 1	accine	109
that the by the case remain cather t		couse (a), stating the underlying couse last	DUE TO OR AS A CONSEQUE	Pac	- Aug 1	Grania	9
equires in signed Then plu r to buri injury, a	NO	PART 2 OTHER SIGNIFICANT	conditions <u>contributing to </u>	EATH BUT	NOT RELATED TO THE TERM	IN ALDISEASE OR CONDIT	ION GIVEN IN PART 110
an. has bee t permit. ene prio	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NO	NOB. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES NO NO
hysicate ransi Hyg	W.	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	216. TIME OF INJURY HOUR A.M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY II	NITEM 18 PART OR PART 2)
SICIA responsibility of the second	CAL	LIF EITHER NOTIFY MEDICAL EXAMINE	P, M,	19			
this this d ar	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE F	ARM ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
NG There as the os the os the os the os the		AT WORK AT WORK		19	1	77-4	1-57
END OIL O	100		ital) aftended the decrased rom_	(/	19	, to	and hour and from the causes stated
aspit d fo d fo m 21		oboy 10 w (1 (did) did no	view the body after death		DEGRAE	deom occorred on the gote	
y the h RAL DIRI detache ate Dep AT: If Ite		Mode	e Merul	it	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	N D 22c. DATE SIGNED
TO HOSPII retained by the TO FUNERAL E should be detained with the State IMPORTANT: If		22d. PHYSICIAN'S NAME TIPE	PRINTIPALKE		429 S	The Oli 8	t 2/23/
Of See See See See See See See See See Se	23a E	SURIAL, CREMATION, REMOVAL	236. DATE 23c h	HAME OF C	EMETERY OR CREMATORY	23d LOCATION	COUNTY STATE
BP		B urial	July 3 1987	MUST	emétery or crematory Holy Redeer Cemetei	ry Baltin	
DHMH - 16 60M 7/84	24 FL	JNERAL DIRECTOR	ADDRESS		21231 250 DAT	E REC'D. BY REGISTRAR IV	THE WHOLES CHARLES
(VRA 15, 4)		illy & 7eile		aster		L & 148/ 14	THE STREET COMME



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR MIDDLE LAST 2a. DATE OF DEATH DECEASED NAME FIRST MONTH (TYPE OR PRINT) RENEE NATASHA HENSON JULY 21, 1987 5:57A M 4. RACE 5. DATE OF BIRTH 3. SEX AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 77-5-1981 Female White BIRTHPLACE (STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. WIDOWED BALTIMORE CITY 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) BALTIMORE THE JOHNS HOPKINS HOSPITAL UAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

130, COUNTY

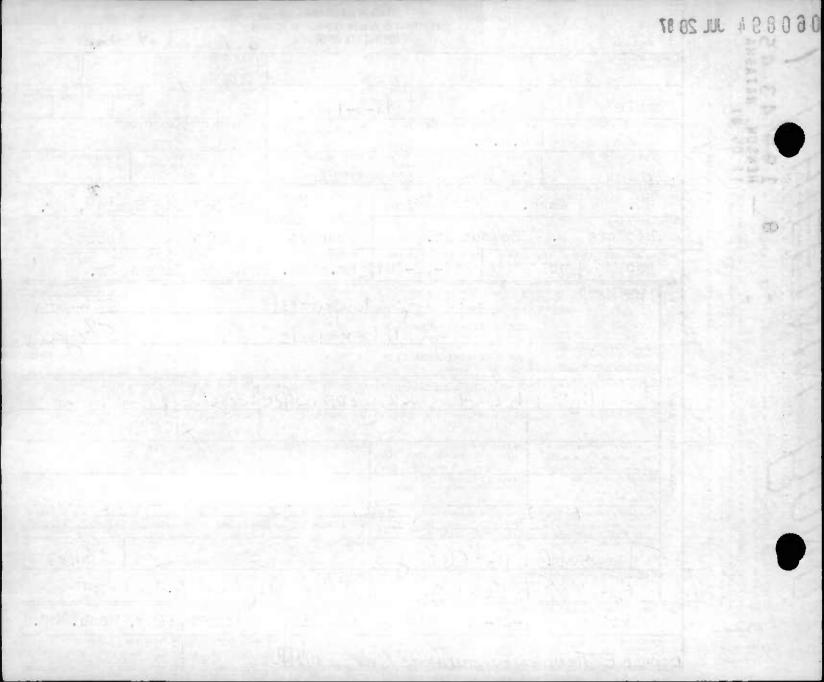
WASH

BIG SOTING RICHARD 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Spring Box 354 Big Sprin NO PA YES 🗍 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Henson Jr. Theodore Michelle Dibert Francee BOOKESSO 4 Big Spring, MI 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17. INFORMANT (YES, NOOPUNKNOWN) (IEXES GIVE WAR OR DATES) 216-02-401 Mr. &Mrs. Theodore Henson Jr. PER 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: cardionespira 2 minute DIXON IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE/OF OKalosi Congoni G Canditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0 MED 19a. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUZOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [NON 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M ELEASED 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) AT WORK 220.1 certify that (1) fihis hospital attended the deceased from and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 27h SIGNATURE DEGREE 22c DATE/SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN ORTANT 22e ADDRESS ž 230. BURIAL, CREMATION, REMOVAL 23b. DATE 73c NAME OF CEMETERY OR CREMATORY (SPECIFY Buria) 7-24-87 Little Rose Hill Clear Spring owwash. MD. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/B4

ulia Devideon Pandaga

Thompson Funeral Home

(VRA 15. 4)



BP.

DHMH 16 60M 7/84 (VRA 15, 4)

neral arrector, page 3

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENI
CERTIFICATE OF DEATH

	1-	FOR STATE REGISTRAR		DEPARTN		EALTH AND MENTA		E 7 REG. NO.	656
		CEASED NAME FIRST		MIDDLE	l	AST .	20.		DAY YEAR 26 HOUR
1	(TYPE	RODOLFO)		HERNANDEZ			JULY 5TH, 1987	2:30 Am
1	3. SEX	(4. RACE		5. DATE C	OF BIRTH		AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	M	ALE	CAUC.		AUG".	13,17945 YEA	R 4	1 YRS	MONTHS DAYS HOURS MIN.
0.1	70 1	STATE OR FOREIGN	76 CHISEN OF	WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER MARRIED DIVORCED		BALTIMORE CITY OR COUNTY BALTIMORE CITY	
100		BALTIMORE	(IF NOT IN SUC	HOSPITAL, NURSING HEACILITY, GIVE STREET A HOPKI	ADDRESS)	OR OTHER INSTITUTION		USUAL OCCUPATION TEACHER .	126 KIND OF BUSINESS OR EDUCATION
100	13a. S	TATE VA ARLIN		GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMI YES NO		FIRT ASDRESS OF COM	LE RUN 7222647
2		THER'S NAME UARDÖ	MIDDLE	HERNAÑDEZ		15 MOTHER'S MAIDE CONSUE		WIDDLE	PENA LAST
9		(AS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT		ARLINGTON	I, VA.
			CNAM	451-68-9	225	SUSAN D. H	HERNAN	DEZ/4421 S. FC	
		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per ED BY: TE CAUSE (o)	line topios, (b), and	- /	ry A	Line	54	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	(b)	RAS ACONSEQUE	NCE OF	Chor do	Marina E TERMINA	le morrhage	Many yEars
	CERTIFICATION	190 DATE OF OPERATION 5-12-87	196. CONDITION FOR WHICH OPERAT			N WAS PERFORMED		IN CERTIF	S, WERE FINDINGS USED YING CAUSES OF DEATH? SS \(\begin{array}{cccccccccccccccccccccccccccccccccccc
		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY O	CCURRED	(ENTER NATURE OF INJURY IN ITEM TB. F	PART LOR PART 2)
	MEDICAL	WHILE NOT WHILE AT WORK	21e PLACE			21f LOCATION STREET		CITY OR TOWN	COUNTY STATE
		220.1 certify that (1) (this hasp saw the deceased alive an above, (1) (we) (did) (did no	7-4	19 8	5- 7, or	nd that in (my) (our) ap	87 pinion deat	to	19
		22b. SIGNATUI	1-	Luch	2	DEGREE ATTENDI PHYSICI		AEDICAL STAFF IRECTOR PHYSICIAN	221. DATE SIGNED 7-5-87
		22d PHYSICIAN'S NAME (TYPE	DR PRINT)	udy)	600 N	lohns Wol	Hopkins +	alf Md 2120
1		URIAL, CREMATION, REMOVAL	23b DATE	23c. N	IAME OF C	EMETERY OR CREMAT	ORY	23d LOCATION	COUNTY STATE
		URTAI.	7/9/8	7 FT.	SAM	HOUSTON		SAN ANTONIO	TEXAS
	2ME	RPHY FUNERAL HO	DME/4510	WILSON B	LVD.	ARLINGTON	O. DATE RE	C'D. BY REGISTRAR 256, REGIST	TRAR'S SIGNATURE
					VA	,	JUL	8 198/ Julia	Day of the State o

		REGISTRAR			CEKITI	ICATE OF DEATH	REG. NO.	
060685 JUL 2	4 (0)	EASED NAME FIRST		MIDDLE	1	AST	20 DATE OF DEATH MONTH DA	YEAR 26 HOUR
ge 3 eath	(1172	William	Hei	nry	Herri	ng	July 16	87 1002
moy po	3. SE		4 RACE		5. DATE C			FUNDER LYEAR IF UNDER 24 FIRS
s of s	m	ale	Black		Mar		80 VBS	INTHS DAYS HOURS MIN.
Pog Pog		RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8		9 BALTIMORE CITY OR COUNTY	OF DEATH
orth 722		1 to MD	U.	S.A.	WIDOWE	D NEVER MARRIED	Baltimore Cit	y MD.
D La Paris		TY OR TOWN OF DEATH			NG HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATION	139 BIND OF BHAINEMOR
1 4 4 X	В	altimore		the facility, give street yland Ge		Hosp.	(TYPE OF WORK FOR MOST OF WORKING LIFE) Maintance Man	Federal Saving
in be fi	UsU	AL RESIDENCE (IF NURSING HOME C	R OTHER INSTITUTION	GIVE RESIDENCE BEFOR	E ADMISSION)			Baltimore, Md.
BALTIMORE, MARYLAND 21201 cote be executed within 24 hours of the completely filled in by grang. For its lond its hould be file.		aryland 13b. COU	NIX	Baltimo		13d INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE 1701 Eutaw Place	
YLA rely sh		THER'S NAME				15. MOTHER'S MAIDEN NA	ME	
MAR de marginer de		William	Jame	s Herrir	na	FIRST	WIDDLE	LAST
RE, I		VAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU		17 INFORMANTMIS.	ADDRESS	
OW A	(YES, NO OR UNKNOWN]] IF YES, G	IVE WAR OR DATES)	215-03-8	3488	Juanita Smit	h 1917 North Pa	tton St.
AIT AIT		18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS	nly one couse pe					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
V-98 V/ 5			ED BY. TE CAUSE (a)	Cardiop	ulmon	ary Arrest		1 hour
ON ST				R AS A CONSEOU	ENCE OF			
W. PRESTON of the death of the ottenum cremation, as		Conditions, if ony, which				ar Infarctio	n	4/7/87
the of the certification		gove rise to immediate couse (a), stating the	DUE TO O	R AS A CONSEQU	ENCE OF			
		underlying cause last.	((c)			1 Meningitis		4/7/87
DIVISION OF VITAL RECORDS, 201 NG PHYSICIAN: The low requires the other draining physicion. When this certificate has been signed to so the buriol-tronsit permit. Hen plead the and Mental Hygiene prior to buriol, or ded at Herm Bathow, any injury, or a private of the manual private o		PART 2 OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIVE	N IN PART Ito
ORDS requ	S S	Seizure						
S bee	CA	190 DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		WERE FINDINGS USED ING CAUSES OF DEATH?
VITAL R VITAL R AN: The I hysicion. icote hos ironsit pe IHygiene	CERTIFICATION	none					YES NO YES	
VISION OF VITAL OF PHYSICIAN: The offending physicia of the burd-fronsin ond Mentol Hygie ked ac, then Takhh	_	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D		OF INJURY .M. MONTH D	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PAI	IT T OR PART 2)
SION OF VII	MEDICAL	LIF EITHER NOTIFY MEDICAL EXAMIN	ER) P	м.	19			
VISIOI S PHY iffendi fite bis the bis ond M	WED.	21d INJURY OCCURRED	(AT HOME, ST	OF INJURY REET FACTORY, OFFICE	FARM, ETC)	21f LOCATION STREET	CITY OF TOWN	COUNTY STATE
DIVI or off or off se os the		AT WORK NOT WHILE AT WORK			W17 =	7.7	1 17-16	-07
END of o of o of o of o of o of o of o of		22a I certify that (It when how saw the deceased alive a		ne deceased from	87	nd that in (my) (death occurred in the date and hour	9, that (I) (last
ATT Ospitt Ospit de form 2 in of m		above, (la(we) (did) (did e 22b, SIGN MARE	of view the body	after death.	, 0	DEGREE	the date and had	22c DATE SIGNED
OR he he he ho DiRI		Val. Significant	1-1-1	1	1/1	ATTENDING	MEDICAL STAFF	17717-8
PITAL by th ERAL se dero Stote		224 PHYSICIAN'S NAME (TYPE	00.00(1)		VVI	220 ADDRESS	DIRECTOR PHYSICIAN	10/-1/01
HOSPITA mined by FUNERA vild be de h the Stot				ON 14 TO			orth Ave. Balto,	MD 21217
O HOSF TO FUNI should be with the	_			ON, M.D.				IID CTCT/
	1 230 I	BURIAL, CREMATION, REMOVA	L 23b. DATE	23 c	NAME OF (EMETERY OR CREMATORY	1230 LOCATION	

24 FNUTAPRECPuneral Homes, Inc. ADDRESS

7/20/1987

2501 Gwynns Falls Pkwy. Baltimore, Md. 21216

- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Mt. Auburn Cemetery

Federal Savings

CITY OR TOWN

Baltimore

25 REGISTRAR GOTON ANURE

BP. DHMH - 16 60M 7/84 (VRA 15, 4)

Burial

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		11-	STATE REGISTRAR				XAMIN						REG. N	9 6) 5	8	
103	02 .111 3	20 8	ASED NAME	FIRST		MIDDLE			AST		9		NOWN [DAY	YEAR	26 HOU
, 0 0	18 2 4 S E 18	3 (13)	OR PRINT)	Daul	Rober	nt	н	lerzbe	rger			OF DEATH A		X 7		0.07	
	PLEASE ECTOR. FILES. HOURS	3 SE	4 RACI	Paul	5. DATE OF BIRTH		6. AGE (IN YEA	RS IF UN	DER 1 YR.	IF UNDER		c. DATE		MONTH	14 T	YEAR	2d HQU
	N SI		Male whi	-0	7 18	1975	LAST BIRTHDA		DAYS	HOURS	MIN. F	RONOUNC DEAD	ED	-	4 4 1	007	10:3
	SSAR ALL STO		RTHPLACE (STATE OR	LC	7b. CITIZEN OF W					.55	- 121	BALTIMO	RE CITY O	OR COUN		987 ATH	A
	NECESSARY, PLEASE, UNERAL DIRECTOR. S FOR YOUR FILES. WITHIN 72 HOURS V. PRESTON STREET.	_	REIGN COUNTRY) alto. Co. N	Md	U.S.A.			WIDOW	D NEV	DIVORCI			Pal+	-imor	0 011		A.A
	A SERVICE SERV		TY OR TOWN OF DEA	TH /	11. NAME OF HO	SPITAL, NUF	SING HOME				12a USU.	AL OCCUPA	TION (TY	timor PE OF WORK	12b KINT	OF BUS	INESS
	STATE S	1 -	altimore	/	[IF NOT IN SUCH FA							ost of working	NG LIFE)		St.P		
=	SE NO	U/U/	L RESIDENCE (IF IN NUM	SING HOME OF	OTHER INSTITUTION, G	IVE RESIDENCE	BEFORE ADMISSIO		13d. INSIDE CI	TH 1 1411763					1		
2120	73489Z		rvland	Harfo		Jop		200	YES	NO K		et addres: 07 Ker		Dr.	210	85	
3)	Dinas -		THER'S NAME	Tidalic					IS. MOTHE	R'S MAIDE							
2	\$52977	D	Melvin		WIDDLE		Derger	Jr.	Peg	RST		F.	DLE	Stei	infor	t	
PRESTON ST., BALTIMON	VE PAGE VE PAGE T FORM GGES 1 A SION OF	16a. V	VAS DECEASED EVER	N U.S. ARM	ED FORCES?		IAL SECURITY		17. INFORM	ANT			ADDRES	2607			Dr.
ALT.	JRS AFTER B. GIVE PA WITH FOR T. PAGES DIVISION	7		(IF YES, GIVE W	VAR OR DATES)	216	-13-814	47	Mr. M	elvin	L.He	erzbei					
-	JURS 18. GI	1	18 CAUSE OF DEATI	d (Enter only	y one couse per line										APPR	ROXIMATE (MIERVAL
S	24 HOUR ITEM 18. LIONG W I PERMIT. 'GIENE, D		PART I DEATH W		BY: E CAUSE (o)	Head	and Ne	ck Ir	iurie	es					BETWE	EIN OINSET	AND DEATH
STO	AZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZ	1	8147				SEQUENCE C							-			
94	ANS REV REV		Conditions, if o		(b).										12		
3	SENT SENT		couse (a) stating lying couse last.		DUE TO, OR	AS A CON	SEQUENCE C	OF .						5. V			
201	SA EX		lying couse lost.		(c)				1000				1.19	25			138
DIVISION OF VITAL RECORDS, 201 W.	ULD BE EXECUTED WITHIN 24 HOU."PENDING" IN PENCIL IN ITEM 16 FED AS A BURIAL - TRANSIT PERMITHE HEATH AND MENTAL HYGIENE. IL, CREMATION, OR REMOVAL.	7	PART 2 OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO DEATH	BUT NOT RELA	ED TO THE TERMI	INAL DISEASE	OR CONDITION	GIVEN IN PAI	RT 1 rate						
ECC	AS AS AS	CERTIFICATION	19g. DATE OF OPERA	TION	Trail could	710115081	VHICH OPER	ATIONINA	c process	4500					Tee		
AL	A HE	N V	190. DATE OF OPERA	HON	196. CONDI	TION FOR V	VHICH OPER	ATION W	15 PERFOR	MED?						ITOPSY?	
ZIV.	SECTOR L	1 =	21g EXTERNAL CAUS	E VA/A C	21b. TIME O	E INTELLED		Tal. UO	had be did to the	05511005						s 🔀	NO [
9	A PART PART OF THE		UNDERLYING CONTRIBUTING				DAY YEAR	ZIE HO	W INJURY	OCCURRE	D (ENTERN	ATURE OF INJUR	RY IN ITEM 18	JPART 1 OR PA	ART 2)		
ON	SHOW SHOW	MEDICAL					131987	Pec	lestri	an st	ruck	by a	uto				
IVIS 1	GER DED DED DEP	S S	WHILE OCCURR	WHILE -	STREET FAC	OF INJURY TORY, FARM, ET	(AT HOME.	211 LOC	REET			CITY OR TOWN	4	co	YTAUC		STATE
۵	WR ARE	1	WHILE AT WORK AT W	ORK X	str	reet		Mour	tain	Rd. 8	Gre	enspr	ing A	ive.	Harf	ord	M
1	R: PR: PR: PR: PR: PR: PR: PR: PR: PR: P	2			e of the remains de	scribed obo	ve, held on	Autops	X .	Inspection		Inquiry]. 。	nd in my o	pinion		
1	AND PERSON	1	death resulted from	Noture	ol couses .	Accident	Sui	cide	Hamici	ide .	Undete	rmined man					
	EXAMENTE BOIRE	1		dia :	100	20V1	(h	1. //	TITLE (SE								
	# 0 5 E		ACTUAL SIGNATURE	WUL	28 1. 1	TKIN	1	MAG			It MEDIC	CAL EXAMIN	VER	DATE	FD 7-	-15-8	37
	SEA SEA				4 ,		1	1 -			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	CAL EXAMI	4EK	31014			
	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CERTIFICATE, WRITING THE WORD," PAGE 4 SHOULD BE FORWARDED TO THE CHIEF AT ENDREAD BY SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, IN THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, IN THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, IN THE STATE DEPARTMENT.		(TYPE OR PRINT)	Mario	F. Golle	Jr.	M.D.		DDRESS	111 F	Penn	St., I	Balto	Md.	. 21	201	
	DAY OF A	23a.B	IDIAL CREMATION R			23c. N	IAME OF CEN	AETERY OF	CREMATO	RY	23d LO	CATION				STA	7.0
07/84	BP	(Burial		7-17-1987		laney '				Ti	ก็อักเนก	n Ba	lto.	Md.	STA	TE.
25M		24 F	JNERAL DIRECTOR							Se. DATE R		REGISTRAR	25b REG				4)
	DHMH - 17	E.	F".Lassahn.	11750E	BelairRd.	Kinas	ville.	Md.21	087		J	UL2:	109	17 4	julia of) documen	so Kon

TO MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page retained by the haspital or attending physician.

STATE OF MARYLA

ND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	7	REG.	NO.	9	0	2	7
2a	DATE OF	DEATH	MONTH	/2°	2/0	EAR	2b HO

	FOR		DEPARTA	MENT OF H	EALTH AND MENTAL HYG	IENE	0 4 5 0
07	REGISTRAR			CERTIFI	ICATE OF DEATH	8 / REG. NO.	407,
DE	CEASED NAME	SIDNEY	MIDDIE	17	HEYMAN	24 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
- (9496	OR PRINT)	Sidney	J.		Heinman	7 /	23/87 6:27AM
3. SE	X A.A	4 RACE/		5 DATE O	F BIRTH	6. AGE (IN YEARS LAST BIRTHOAY)	IF UNDER I YEAR IF UNDER 24 HRS
1	ALE	- 10	HITE	MONTH.	the last referred	74 7 YR	MONTHS DAYS HOURS MIN.
	RTHPLACE (STATE OR F	OREIGN 76 CITIZEN OF	WHAT COUNTRY?	-77.00		9 BALTIMORE CITY OR COUN	
	ARYLAND	USA		WIDOWE	NEVER MARRIED DO DIVORCED	BALTIMORE O	CITY MD.
10 C	ITY OR TOWN OF DEA		HOSPITAL, NURSIN	IG HOME O	R OTHER INSTITUTION	12a USUAL OCCUPATION	126 KIND OF BUSINESS OR
В	ALTIMORE		AI HOSPIT			OWNER	GROCERY STORE
		ING HOME OR OTHER INSTITUTION		E ADMISSION]	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CO	
	ARYLAND	BALTO.	BALTO.	'IN	YES NO X	3305 FIELDVIE	
14.)FA	ATHER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NAM	ME	
1	LOUIS		IEYMAN		ANNA	WIDDLE	VOEL
		IN U.S. ARMED FORCES?	166 SOCIAL SECU	JRITY NO.	17 INFORMANT MR	S.MINERVA PHEYMA	
	YES NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)	219-32-0	999	3305 FIELDV		
	18. CAUSE OF DEAT	H (Enter anly one cause pe	r line for (aL (b), one	id ie i. i			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I DEATH W	AS CAUSED BY IMMEDIATE CAUSE (a)	Caro	diec	Amol		
			OR AS A COMBEQUE	ENICE OF	10		
	Conditions, if any,		6/	nnor	rie / Jepses	Ć.	
	gave rise to imm cause (a), statin	nediate	OR AS A CONSEQUE	ENCE OF	1	/	
	underlying cause	last.	Lun	8 66	Ladvan	ced	
	PART 2 OTHER SIGN	IFICANT CONDITIONS	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 110
CERTIFICATION		CABG	CHF	HB1	ASCUD,	mhy Though	
CAT	19a DATE OF OPERAT	ION 196 CONE	ITION FOR WHICH	OPERATION	WAS PERFORMED /		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?
TIF						YES NO	YES NO
	21a ACCIDENT WAS UND OR CONTRIBUTING	110110 4		AY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF WILLY IN ITEM	18 PART I OR PART 2)
CAL	(IF EITHER NOTIFY MEDK		.M.	19			
MEDICAL	21d INJURY OCCURE	LAT HOME, ST	OF INJURY	FARM. ETC)	ZII LOCATION	CITY OR TOWN	COUNTY STATE
4	AT WORK AT WOI	ILE		1			0.0
		(this hospital) attended t	he deceased from_	27/	19 19 17	, to 7/23	, that (1: (we) lost
		d glive onthe body	alter death.	/an	d that in (my) (our) apinion o	death occurred an tHe date and	hour and from the couses stated
	27% SIGNALURE	11 1		/ [ALL ATTENDING	MEDICAL STAFF	220 DATE SIGNED
	16	She /	_		PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	7223/87
	274 PHYBICIAN'S NA	WE TALL BOTHING			77e ADDRESS	DTM:	
	1 conel	Bheta	gar		SINAI HOS	PITAL - BALTO.,	MD 21215
23a I	BURIAL, CREMATION,	REMOVAL ZIL DAJE	73, N	LAME OF C	EMETERY OR CREMATORY	236 LOCATION	

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR. After this certificate has been should be detached for use as the burial-in mill permit with the State Dept. of Health and Mental I you mill be MPORTANT: If them 21 is marked or them 18 them on

> SOL LEVINSON & BROS., 24 FUNERAL DIRECTOR 6010 REISTERSTOWN RD.

BALTO MD

21215

25a DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

JUL 3 1 1987 Julia Scriber &

Devider Rodal

JUL 31 1967 feet Sidney Bales

	1				STATE OF MARYLA	IND				
	11	FOR - STATE		DEPART	MENT OF HEALTH AND A		E	1 ()	6 6	11
1		REGISTRAR	10		CERTIFICATE OF D	EATH	REG. NO	. 1 7	0 0	rds.
1 0		ECEASED NAME	Has)	wood	/ AST	2a	DATE OF DEATH	MONTH DAY	YEAR 2	HOUR
	1,	PE OR PRINT)	UEUTG	500.	HICKM	AN		7 3	874	120 Au
	3. 3	EX		RACEN	5! DATE OF BIRTH	6. A	AGE HEARS LAST BIRT			FUNDER 24 HRS
	1	MAIS		VEGTO	MONTH DAY	AC.	19	MONI	HS DAYS H	OURS MIN.
1	10	BIRTHPLACE (STATE	E OR FOREIGN	CITIZEN OF WHAT COUNTRY	1	O X	BALTIMORE CITY O	R COUNTY OF	DEAM	
1		COUNTRY	0 20	11.50	MARRIED NEVER N	AARRIED W	PADIT	· mer	(it	1
	10.	CATELY OR TOWN OF	DEATH 11.	NAME OF HOSPITAL, NURSI		VORCED 120	USUAL OCCUPATE	ON V	2b. KIND OF	MD. SUSINESS OR
7	11	30140	Mel	UNDT IN SUCH FACILITY, GIVE STREET			YPE OF WORK FOR MOST OF		NDUSTRY	
- 1	Us	UAL RESIDENCE		IER INSTITUTION, GIVE RESIDENCE BEFO		1.1			0	02/22
		Vid V	13K COUNTY	1 SAIT	VN 13d. INSIDE C	NO TO	STREET ADDRESS	ZIP CODE	- Kc	12/2
	TE.	FATHER'S NAME	Was Start	/	A /	MAIDEN NAME	.,,,,	1.000	1/1	
C		100	78S	HAST H	may Hi	FIRST SHE	WIDDLE		(ASI	De -
1	5 160	WAS DECEASED E	VER IN U.S. ARME	D F DE S? 166 SOCIAL SEC	URITY NO. 17 INFORMA	NT. 100	ADDRE	SS 711 /	2007	MAL
-		VEG	AZIXI	184-11	15711 1 NºG	MCA	NAPL	31208	Church	MON
1	=	Tu cause of pi	44.04	101 10	UIIIILON	11-0	OVCKIV	0).00~(-	TE INTERVAL SET AND DEATH
		PART I. DE AT	H WAS CAUSED B'	Y. Chand	of Annianta	. Cale La	2		BETWEEN ONS	ET AND DEATH
			IMMEDIATE C	AUSE (0)	muniportal	GUNTA				
				DUE TO, OR AS CONSEOL	ENCE OF	Ann	Jinma,			
		Conditions, if gave rise to		(b)	4wgoruo	and	CHIEFIYO			
		couse (o), st		DUE TO, OR AS A CONSEOL	ENCE OF					
			((c)						
	Z	PART 2 OTHER S	IGNIFICANT CON	NDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED	TO THE TERMINAL	L DISEASE OR CONE	DITION GIVEN I	N PART 10	
-	CERTIFICATION	190 DATE OF OPE	EDATION!	196 CONDITION FOR WHICH	OBCDATION AND BEDEON	2015		Lan IF VEC 14	DE ENIONIO	
-		198 DATE OF OPE	RATION	198 CONDITION FOR WHICH	OPERATION WAS PERFO	KWED	20a AUTOPSY?	20b. IF YES, WI	G CAUSES OF	S USED F DEATH?
	4 5			AND THE OF BUILDING	101 1101111		YES NO	YES [-	NO 🗌
6		OR CONTRIBUTING	CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH E	AY YEAR ZIE HOW IN.	JUKY OCCURRED	(ENTER NATURE OF INJUR	Y IN ITEM 18 PART I	OR PART 2)	
	MEDICAL	(IF EITHER NOTIFY	MEDICAL EXAMINER)	P.M.	19					
4	AB AB	21d INJURY OCC		21e. PLACE OF INJURY (AT HOME STREET, PACTORY, OFFICE	FARM, ETC.) 21f. LOCATIO STREET	N	CITY OR TOV	VN	COUNTY	STATE
	1		T WHILE						00	
		220 I certify that	mathis haspital)	Ittended the deceased fram.	5/30	. 19_81	to	. 19_	XI, the	t (We) lost
		sow the dec	eased plive on	ew the body after death.	87, and that in (my)	pinion deat	h accurred on the da	te and have an	d from the cas	uses stated
		126 SIGNATURE	20	and body one: dodn.	DEGREE		Electron of		22t DATE SIC	SNED
		120	NUMA	101		TTENDING M	NEDICAL STAF	FIANK	4/3	187
1		22d PHYSICIAN'S	NAME (TYPE OR PRI	INT)	22e ADDRESS		Mee. Tok This is		11	101
1										
	78	BURIAL CREMATIC	ON REMOVAL TO	23b. DATE 23c	NAME OF CEMETERY OR C	PEMATORY I	METOCATION	10000 4		
	1	P.,0	اما	7-11-87 (-	ACCIGNA	Impat	ONNING	Will	a.	of HATE
	¥	FUNERAL DIRECTO	1117	11001	TITLE TO	23s DATE RE	C IN HECHELAND	Sh. HE GOWN A	SIGNATUR	Tale to
/84	1	JORALAI	DAF	G 410 ADDRESS	down dans	1111	9 1987	U		
	T	THU TURI	LONG	July	NIONNEUN	301		-	-	

YES WINTER HEGOMERIN STANDER will be the first was made to the sound of t

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FOR - STATE REGISTRAR DECEASED NAME

TYPE OR PRINTS

4 FATHER'S NAME

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTA CERTIFICATE OF DEATH		9	6	6	, de
Hicks	20 DATE OF DEATH MONTH	DAY 07	YEAR 87	2b. но l х 3:	JR 50
5. DATE OF BIRTH	0. AGE (IN YEARS LAST BIRTHDAY)	IF UND	DAYS	IF UNDER	R 24 HR
MONTH 2 2 4 8	38	MOIALING	DATS	HOURS	MI

4 RACE BIRTHPLACE THE CITIZEN OF WHAT COUNTRY A STATE OR FOREIGN

MIDDLE

MARRIED LI NEVER MARRIED WIDOWED DIVORCED

13e.STREET ADDRESS

BALTIMORE CITY OR COUNTY OF DEATH

12b. KIND OF BUSINESS OR INDUSTRY

JOUAL RESIDENCE (IF NURSING HOME OF CIMER INSTITUTION 130 STATE 136 COUNTY

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

13d INSIDECITY LIMITS? 15. MOTHER'S MAIDEN NAME

MIDDLE

/ ZIP CODE

160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO OR UNKNOWN) HE YES GIVE WAR OR DAIEST

Conditions, if ony, which

gove rise to immediate couse (o), stoting the

couse

underlying

166 SOCIAL SECURITY NO

17 INFORMAN

18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).

MIDDLE

IMMEDIATE CAUSE (0)

DUE TO, OR AS A CONSEQUENCE OF DOX Emig

DUE TO, OR AS A CONSEQUENCE OF

hemorrhag Imonacu RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/0

Agguired Imn	nune	Defficiency	Syndrome	6	AIDS
90 DATE OF OPERATION	196 COND	ITION FOR WHICH OPERATIO	N WAS PERFORMED		an AUTOP

210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY

IN CERTIFYING CAUSES OF DEATH? YES T 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2)

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 214 INJURY OCCURRED

NOT WHILE

lost

HOUR A.M. MONTH DAY YEAR 21e PLACE OF INJURY AT HOME STREET, FACTORY, OFFICE, FARM, ETC 1

211 LOCATION

CITY OF TOWN

STATE

NO F

"20 I certify that (1) (this hospital) attended the deceased from sow the deceased alive on_ obove, (1) (we) (did) (did not) view the body after death 176 SIGNATURE

DEGREE

MEDICAL DIRECTOR PHYSICIAN

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

22c. DATE SIGNED

20b. IF YES, WERE FINDINGS USED

COUNTY

ATTENDING

PHYSICIAN

Easkin

230 BURIAL CREMATION, REMOVAL (SPECIFY) BIRTA!

23b. DATE 7/13/87 23c NAME OF CLME, ERY OR CREMATORY CEDAR

22e ADDRESS

23d LOCATION ANNE ARUNDEL

STATE

24 FUNERAL DIRECTOR

CERTIFICATION

MEDICAL

AT WORK

WM. C. MARCH F/H 1101 E. North Ave.

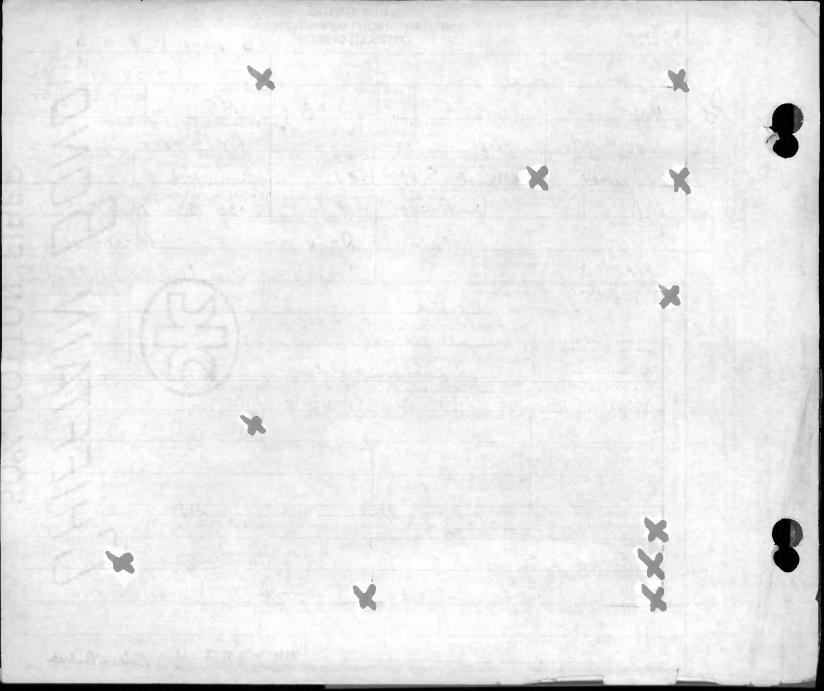
BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

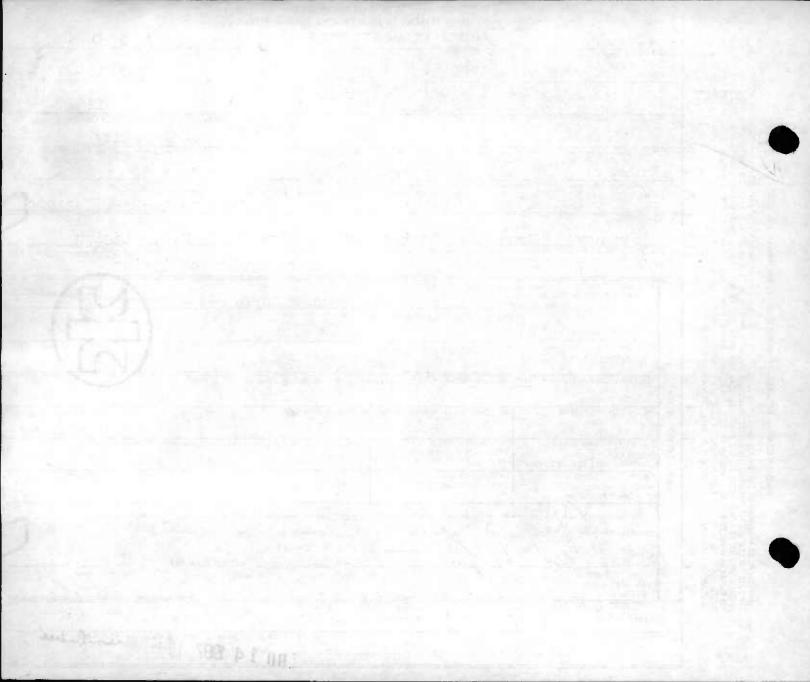
FUNERAL DIRECTOR

8

be detoched to Stote Dept. should be deto with the Stote IMPORTANT:



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR ILDECEASED NAME DATE KNOWN X YEAR 2b. HOUR ET NECESSARY, PLEASON FOR YOUR PIESS WITHIN 72 HOURS (TYPE OR PRINT) OF ESTI-James S. Jr. Higgins Courtney DEATH MATED 1987 3 SEX 4. RACE 5 DATE OF BIRTH & AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE g:18 23 87 LAST BIRTHDAY) PRONOUNCED M B 12 1887 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR MARRIED NEVER MARRIED X FOREIGN COUNTRY) U.S.A. DIVORCED Baltimore City WIDOWED ID CITY OR TOWN OF DEATH 126. USUAL OCCUPATION (TYPE OF WORK 12b 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION SIVE PAGES 1, 2, AND 3 TO THE TH FORM PM 3. RETAIN PAGE AGES 1 AND 2 SHOULD BE FILE JISION OF VITAL RECOLUSES (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) OR INDUSTRY 4126 Potter Street Baltimore Infant USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 13a STATE 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 4126 Potter St. Md Balto YES 32 NO 🗌 21229 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST James Higgins, Pamela Higgins 160. WAS DECEASED EVER IN U.S. ARMED FORCES? n/a Courtney James Higgins n/a CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) APPROXIMATE INTERVAL EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN 178M 188 PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WE FURE PLASTED TO THE CHIEF MEDICAL EXAMINER ALONG WE HARE DEATH WITH THE STATE DEPARTMENT OF HEALTH AND MENIAL HYGIENE, D BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Sudden Infant Death Syndrome IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (8) CERTIFICATION 19a. DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES X NO T 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY 21d INJURY OCCURRED 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE AT WORK marge of the remains described obeve, held on Inspection death resulted Undetermined monner TITLE (SPECIFY) ACTUAL 7/12/87 Assistant EXAMINER'S NAME Charles P. Kokes, M.D. 111 Penn St. Balto.MD. (TYPE OR PRINT) 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, REMOVAL 23b DATE Balto. Md. 7/14/87 Burial King Memorial 25) REGISTANT'S SIGNAPORE 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR **DHMH - 17** James A. Morton& Sons 1701 Laurens St. (VR A15 ME (5))



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ATTENDING

1 -	FOR STATE REGISTE	RAR			C	DEPARTM	ENT OF H		(LAND D MENTAL H' F DEATH	YGIENE	3 7	REG NO	o.	9	6	6	É
	RPRINT)	IAME	FIRST		MIDDLE			AST			ATE OF		MONTH	DAY	YEAR	26. H	
200		CHARLI	E			HI						24, 1				-	20A
3 584		M		4. RACE B	3		S. DATE O		30°	6. AG	57	ARS LAST BIR	(HDAY)	MONTH	DAYS	HOUR	MIN MIN
	THPLACE	N.C.	REIGN	76 CITIZEN O	F WHAT CO	DUNTRY?	MARRIEI WIDOWE		R MARRIED DIVORCED	U		E CITY O			EATH		M
1 0	Y OR TO	WN OF DEATH	1	11. NAME O	F HOSPITAL UCH FACILITY, O H R JOH	GIVE STREET A	DDRESS)			(TYPE	OF WORK	CCUPATI FOR MOST O	F WORKING		. KIND (DUSTRY	OF BUSI	NESS O
USUAI 130. ST	ATE	1D	S HOME OF		13c. CITY	OR TOWN	V	YES 🔀	E CITY LIMITS?	14		DDRESS /			Υ 2	2121	3
14. FAT		AME VILL		WIDDLE		HILL		15 MOTH	ER'S MAIDEN P	NAME		MIDDLE			CĈ		
	S. NO OR L	ASED EVER IN		MED FORCES (E WAR OR DATES)	16b SOC	N/A	RITY NO.	17 INFOR	A COX 1	420	EDIS	ADDRE		ΑΥ			
	PART	E OF DEATH I. DEATH WAS	S CAUSE	ily one couse p D BY: TE CAUSE (o)_				nary	arre	st					BETWEEN	ONSET A	TERVAL ND DEATH
		ons, if any, v		DUE TO.	OR AS A CO	9 reu	NCE OF	ega	rive ,	one	un	roni	a		24	ree	les
	couse	(o), stoting		DUE TO,	OR AS A CO	ONSEQUE	NCE OF	rscu	lar c	acci	de	nt		1	7 u	ree	iks
	Bul	other signif	mpl	NYSEM) CVF	EATH BUT		ied to the te	(507	de		DITION	IVEN IN	PART 1	٥	
CERTIFICATION	9a DATE	OF OPERATIO	NC	196 CON	DITIÓN FOI	R WHICH (OPERATIO	N WAS PER	FORMED		AUTO	NO .	IN CER	YES, WER TIFYING YES			ATH?
	OR CONT	DENT WAS UNDER RIBUTING CAI R NOTIFY MEDICAL	USE OF DE	HOUR	OF INJURY A.M. MOI P.M.		Y YEAR	21c. HOW	INJURY OCCI	URRED (E	NTER NAT	URE OF INJU	RY IN ITEM 1	9 PART 1 O	R PART 2)		
MEDICAL	WHILE AT WORK	IRY OCCURRE			E OF INJUR		ARM, ETC }	211. LOCA	ATION REET			CITY OR TO	WN	Ç	OUNTY		STATE
	22a l ce i	tify that (1) (the demand	plive on	2400	LY	19 0			ny) (our) opinio	on death	29	on the de	ote and h	., 19 8 our and	from the	that (I	-

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician on TO HOSPITAL OR ATTENDIN should be detached for with the State Dept. of IMPORTANT: If Item 2

DHMH - 16 60M 7/84 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL 236. DATE BURIAL 7/29/87

ENJAMIN

231 NAME OF CEMETERY OR CREMATORY ARBUTUS MEM. PK

DEGREE

22e. ADDRESS

ATTENDING PHYSICIAN

JUHNS

LOSPITAL LOPKINS 23d LOCATION
CITY OF TOWN
ARBUTUS

STAFF

MEDICAL

250 DATE RECE

MD

22c. DATE SIGNED

24. FUNERAL DIRECTOR

1101 E. NORTH AVE. MARCH F/H

BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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303

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	9	Ö	0
REG. NO.			

	1-	FOR STATE REGISTRAR		DEPARTA		FICATE OF DEATH	7	9 1	5 6	Aug.
30 8		CEASED NAME FIRST		WIDDLE	-	LAST	REG. N.		AY YEAR	2b HOUR
Î	- (TYPE	ESTELLI	e FR	ANCES	Н	TIL		7 23	87	93
	3. SE		4 RACE	1110110	5. DATE C		6. AGE (IN YEARS LAST BIR	1 600/	FUNDER I YEAR	IF UNDER
,	E	EMALE	BLAC	ζ.	MONTH 8	29 DAY 1916	71		ONTHS DAYS	HOURS
- / B		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8		9 BALTIMORE CITY O	YRS.	OF DEATH	
		ARYLAND	USA		WIDOWE	D NEVER MARRIED	BAIRIMORE	CITY		
2	10 CI	TY OR TOWN OF DEATH			IG HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPAT		126. KIND O	F BUSINE
note:	BA	ALTIMORE	2525	W. COLD	SPRI	NG LANE	DOMESTI		INDUSTRY	
P P	USU/ 13a S	AL RESIDENCE (IF NURSING HOME) TATE 136 CC	E OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS?	13e STREET ADDRESS		21217	15
and a	MA	RYLAND		BALTIM	ORE	YES A NO	2525 W.	COLDS:	PRING	LAN
Pine	14 FA	THER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN NAM	MIDDLE		LAS	
8		JOHN		JACKSO		FRANCËS		CHA	NEY	171
dico	160 V		ARMED FORCES? GIVE WAR OR DATES)	166 SOCIAL SECU		17 INFORMANT	ADDR			
		NO		218-14-	7366	DORIS SMIT	H 2525 W.	COLD		
-		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one couse pe	r line for (a), (b), and	dicut	,	-	7 Y 10	APPROXI	MATE INTER
Ony injury, a	CERTIFICATION	PART 2 OTHER SIGNIFICAN			301	NOT RELATED TO THE TERM	NAL DISEASE OR CON	20b. IF YES,	WERE FINDIN	GS USED
300	TIFIC						YES NO NO	IN CERTIFY YES	ING CAUSES	OF DEAT
88 3	CER	210. ACCIDENT WAS UNDERLYING		OF INJURY .M. MONTH DA	V VEAD	21c. HOW INJURY OCCURR				
	AL	OR CONTRIBUTING CAUSE OF	DEATH I HOUR M	THE PROPERTY DA			ED (E. TER TOTTORE OF WOO			
ten /	U	(IF EITHER, NOTIFY MEDICAL EXAMIN	P. L. COLLINS	.M.	19		(2.1121.131.131.131.131.131.131.131.131.1			
rked or Item	MEDICAL		VER) P		19	211. LOCATION STREET	CITY OR TOV		COUNTY	STA
21 is marked ar Item	MEDIC	(IF EITHER, NOTIFY MEDICAL EXAMINING INJURY OCCURRED WHILE NOT WHILE AT WORK 22a I certify that this has saw the deceased allows.	21e PLACE (AT HOME, SI	.M. OF INJURY REET, FACTORY, OFFICE, FAC	ARM, ETC.]	211. LOCATION	CITY OR TOV	vn	COUNTY	hov (1) (w
f Hem 21 is marke	MEDIC	(IF EITHER, NOTIFY MEDICAL EXAMINATED AND THE AT WORK	21e PLACE (AT HOME, SI	.M. OF INJURY REET, FACTORY, OFFICE, FAC	19 ARM, ETC.]	211. LOCATION SIREET 19 10 10 10 10 10 10 10 10 10	CITY OR TOV	one and hour of	COUNTY	hat (v
If Hem 21 is marke	MEDIC	(IF EITHER, NOTIFY MEDICAL EXAMINITY OF THE PROPERTY OF THE PR	21e PLACE (AT HOME, SI	.M. OF INJURY REET, FACTORY, OFFICE, F/	19 ARM, ETC.]	211. LOCATION SIREET 19 10 10 10 10 10 10 10 10 10	city or tov	ote and hour	COUNTY 9	hat (w
MPORTANT: If Hem 21 is marke	23a B	(IF EITHER, NOTIFY MEDICAL EXAMINITY OF THE PROPERTY OF THE PR	21e PLACE (AT HOME, SI sopital) attended to most view the baddy PE OR PRINTI ELS I NG E AL 23b. DATE	OF INJURY REET, FACTORY, OFFICE, FA The deceased from the decease	19 ARM, ETC.1	211. LOCATION STREET 19 10 10 10 10 10 10 10 10 10	CITY OR TOV CITY OR TOV	ote and hour of	COUNTY 9	

YORK ROAD

DHMH-16 50M 7/77 (VR A 15 (4))

BP.

FUNERAL HOME 5209

		- 1				STA	E OF MARYLAND			
		1:	1 - 5	OR TATE		DEPARTMENT OF	HEALTH AND MENTAL H	YGIENE		
				EGISTRAR		CERTI	FICATE OF DEATH	8 /REG. N	0 9 0	00
05	0766	, I	DECEA	SED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH	MONTH DAY YEAR	2b. HOUR
נט,	8.75多点	1.	O A I	ROB	ERT W.	+	TILL		7 05 87	525 AM
	Te po		B. SEX		4 RACE		OF BIRTH	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR	IF UNDER 24 HRS
	ector			MALE	BLACK	MON.	DAY OF YEAR 45	- 41	YRS.	HOURS MIN.
	n. Po	1	a. BIRTH	IPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	DUNTRY? 8	D NEVERMARRIED	-	R COUNTY OF DEATH	
	death death	2		MD	USA	WIDOW	ED DIVORCED	BA	the City	MD.
	the f	0		OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY,	GIVE STREET ADDRESS)	OR OTHER INSTITUTION	120. USUAL OCCUPAT		OF BUSINESS OR
201	n by n	0		ACT CITY	THUM O	F MA +	OSP	Disableu		
MARYLAND 2120	filled in rould be	3	BSUAL F 130. STA	TE MD 136 COUN	NTY 13c. CITY	OR TOWN	13d INSIDE CITY LIMITS?	13e STREET ADDRESS	SARATOOA	#21201
RYL	vithir etely 12 sh		4 FATH	ER'S NAME	WIDDLE	LAST	15. MOTHER'S MAIDEN N			
W	uted v	10	Thom	as WALTER		HILL	M	426 4		6-65
ORE,	nd ee	1		DECEASED EVER IN U.S. AR	MED FORCES? 166 SOC	TIAL SECURITY NO.	17 INFORMANT	ADDR		
BALTIMORE	s. Pa			NO	216	-54-2073	Mary Hi	1 186	W. Sarato	Ga.
BAL	rate nysici noper aval.		18	CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one couse per line for to	a), (b), and (c).)			BETWEEN	MATE INTERVAL ONSET AND DEATH
ST.	errift poan rem				TE CAUSE (0) CHE	DIOPULM	ONARY HE	eest		
PRESTON	deoth a attendir ave carl stion, or				DUE TO, OR AS A CO	DNSEQUENCE OF				
RES	e deoth attend mave ca notion, o troumat			onditions, if any, which	(b)					
3	by the see remover the other to			nderlying couse lost.	DUE TO, OR AS A CO	ONSEQUENCE OF				
201	ed by oleose rriol, cr				(c)					
	sign hen ta bu			ART 2. OTHER SIGNIFICANT (CONDITIONS CONTRIBU	TING TO DEATH BU	I NOT RELATED TO THE TEL	KMINAL DISEASE OR CON	DITION GIVEN IN PART TO	3
RECORDS,	been mit. T		CERTIFICATION 130	DATE OF OPERATION	19b. CONDITION FO	R WHICH OPERATION	ON WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDIN	IGS USED
LRE			띮					YES X NOT	IN CERTIFYING CAUSES	OF DEATH?
/ITA	hysicion. ficate hos fransit pe I Hygiene	力	21	D. ACCIDENT WAS UNDERLYING			21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJU		
OF	ding physici ding physici is certificate buriol-transi Mental Hygi	- 6%		CONTRIBUTING CAUSE OF DEA	AIR	NTH DAY YEAR				
NO		1	\sim	I. INJURY OCCURRED	21e. PLACE OF INJUR	Y	211 LOCATION	CITY OR TO	WN COUNTY	STATE
DIVISION OF VITAL	or attenth After the as the loolth and			WORK NOT WHILE	(AT HOME STREET, FACTO	RY, OFFICE, FARM, ETC)	STREET	CITYONTO	WN COUNTY	SIAIE
٥	al or al or use at Heolth		22	1.1 certify that (I) this haspi	ital attended the decease	ed from 06 -	26-87 19 87	, to 07 - 05	-87 19 87	that (we) lost
	TTEN pital STOR for u			sow the deceased alive on above. (I) (we) (did) did no	_ 07-05-87	19 87	nd that in (our) opinio	in death occurred on the d	ote and hour and from the	couses stated
	OR A e hos DIREC Iched Dept		22	SIGNATURE DO	7 - 1		DEGREE		22c DATE	SIGNED
	그 두 그 음 이 그			XSV	conney 1	MD	ATTENDING PHYSICIAN	MEDICAL STA		5/87
	- 0 111 0 10		22	L PHYSICIAN'S NAME (TYPE C			22e ADDRESS			
	TO HOSPITA etained by TO FUNERA should be de with the Stat			L.S.P	ICHNEY, MI	7	228. Gre	ENEST BI	ALTO, MD 21	201
	5 € ₹#3 ₹.	1	3a BUR	IAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	# 100 mm # 100 mm	COUNTY	51417
	BP		111	buriai	7/9/87	Mt ,	Auburn Cemete	ry Baltimor	`e	MD
	DHMH - 16 60M 7/			RAL DIRECTOR		ADDRESS	25 D	ATE PSC'D. BY REGISTRAR	256. REGISTRAR'S SIGNAT	URE
	(VRA 15, 4)		Wm.	March F/H	H West 4300	Wabash Av	enue VV	F (190)	The state of the s	

Marie V. W.			

npletely filled in by the funeral director and 2 should be filed within 72 hours of within 24 hours offer DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 IMPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other troumoincevent, the medical exam Poges TO FUNERAL DIRECTOR: After this certificate has been signed by the or should be detached for use as the burial-transit permit. Then please removement the State Dept. of Health and Mental Hygiene prior to burial, crematian requires that the TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

	1 -	FOR STATE REGISTRAR	DEPART	MENT OF HEA	OF MARYLAND LITH AND MENTAL HYG ATE OF DEATH	IENE 8 rég. no	. 1 0	4 4
· ·		CEASED NAME PIRST RULE	MIDDLE	LAST	11		MONTH DAY	YEAR 26. HOUR 1987 4-10 PM
		remie	black	5. DATE OF	DAY 23	64	YRS.	S DAYS HOURS MIN.
5	1	THPLACE (STATE OR FOREIGN	76 CITYEN OF WHAT COUNTRY	WIDOWED		BALTIMORE CITY O	ores Ca	ty MD.
8	10 0	of town of death	11. NAME OF HOSPITAL, NURSII (IENDT IN SUCH FACILITY, GM STREET)	of IV	aryland	TYPE OF WORK FOR MOST O	ON 12 WORKING LIFE) IN	B. KIND OF BUSINESS OR IDUSTRY
1		TATE 1 136 OUN		VN 113	NE INSIDE CITY LIMITS?	130.STREET ADDRESS	ZIP CODE	it 21230
0	14. FA	THER'S NAME WILLIAM	MIDDLE	15	Mary Mary	WE	6 0	Dorsey
1		VAS DECEASED EVER IN U.S. AR (ES, NO OR UNKNOWN) (IF YES, GIV		0810	7 INFORMANT	ADDRE	SS	
		PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b), or BY: TE CAUSE (a)		al bleeding	ng		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if ony, which gove rise to immediate	DUE TO, OR DONSEQU	inal	carcino	motosis		
		couse (0), stoting the underlying couse lost	DUE TO, OR AS A CONSEQUENCE (c) CONDITIONS CONTRIBUTING TO	estrial	CANULY OT RELATED TO THE TERM	IN AL DISEASE OR CON	DITION GIVEN IN	J PART 1/0
2	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH			20a AUTOPSY?	20b. IF YES, WE	RE FINDINGS USED CAUSES OF DEATH?
9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		PAY YEAR	TE HOW INJURY OCCURR	YES NO PED (ENTER NATURE OF INJUR	YES THE ITEM IS PART I C	NO DRPART 2)
1	MEDICAL	216 INJURY OCCURRED WMILE NOT WHILE AT WORK	218 PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	12	II. LOCATION STREET	CITY OR TO	wn (OUNTY STATE
		sow the deceased alive on above, (1) (we) (did) (did no	ntol) orlended the deceosed from 19_0t) view the body ofter deoth.		that in (my) (our) opinion d	, to death occurred on the do	te and hour and	
		22b. SIGNATURE	rar Ina Just	egd a	ATTENDING PHYSICIAN	MEDICAL STAF DIRECTOR PHYSIC	F _ /	July 9, 1987
1		220. PHYSICIAN'S NAME (TYPE O	as Ara Swe	et.	22 6. C	greene 4	Kreek, 2	Baltimore
	23a B	URIAL CREMATION, REMOVAL	23b. DATE 23c.	NAME OF CEN	LELL Com	23d LOCATION		INTY STATE

1913 W. Balto.

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE J

DHMH - 16 60M 7/84 (VRA 15, 4) Brown Thm

Thompson F.H.

BP

and the second of they of the work of the Car wanted Marriage Replaced Follows I was a second of the first field

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 221. DATE SIGNED 29/87 PHYSICIAN DIRECTOR PHYSICIAN MD 21234 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL Mills COUNTY MD Burial 8/1/87 Garrison Forest Vet Owings 24 FUNERAL DIRECTOR Wm. C. March F/H West 4300 Wabash Avenue

STATE OF MARYLAND

No KIND OF BUSINESS OR

2/223

DHMH - 16 60M 7/84 (VRA 15, 4)

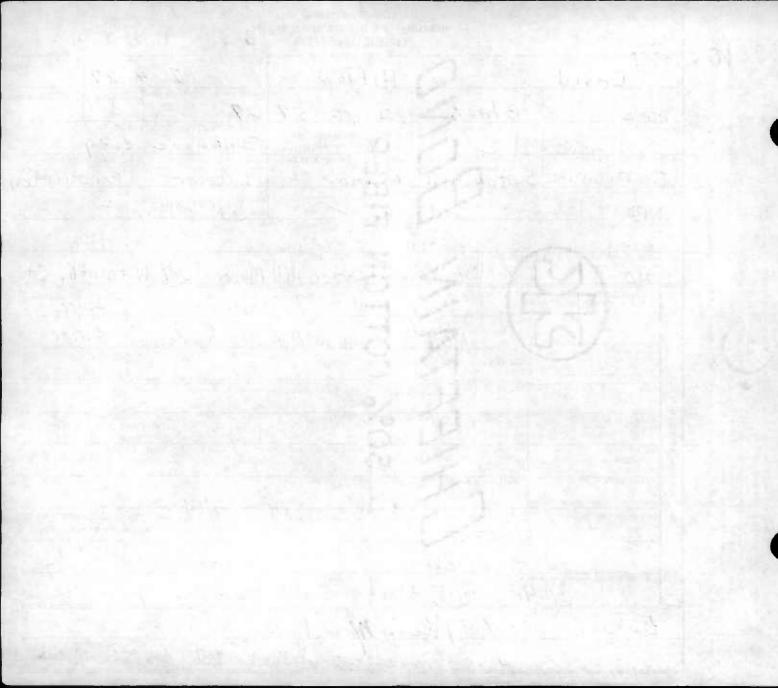
STATE OF MARYLAND

7 REG. N	10.	9	6	6	**
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١				STATE OF MARY	AND				
1	1	FOR STATE	DEPA	RTMENT OF HEALTH AND	MENTAL HYG	IENE,	1 0	6 6 0	
ı	1 -	REGISTRAR		CERTIFICATE OF	DEATH	REG. N	1 7	000	
ü		LASED NAME FIRST	WIDDLE	LAST		20 DATE OF DEATH	MONTH DAY	YEAR 26 HOU	R
1	iner	DAVID		4,170,	J		7 4	87	AA
d	1.50		4. RACE	5. DATE OF BIRTH		6. AGE (IN YEARS LAST BIE	THDAY) IF L	INDER I YEAR IF UNDER	24 HR5
	^	nale	BlAck	MONTH DAY	57	29	YRS.	THS DAYS HOURS	MIN.
A	_	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8		9 BALTIMORE CITY		DEATH	
1	1	Baltimore	111.5	MARRIED NEVER	NARRIED	Baltimo	re c	2,44	MD.
Ī	10.50	LY OF TOWN OF DEATH	11. NAME OF HOSPITAL, NUI		STITUTION	120. USUAL OCCUPAT		126. KIND OF BUSINE	SSOR
)	1	Saltimore	Setur Hel	(Manor		Labore	OF WORKING LIFE)	Constru	ctur
	Hill S	AL RESIDENCE (IF AURSING HOME OF	ROTHER INSTITUTION, GIVE RESIDENCE BE	EFORE ADMISSION)	CITY LIMITED	12. STREET ADDRESS	/ 7/D CODE	. 017	760
d		MA		IMDSE YES P	NO	13e STREET ADDRESS.	ZIP CODE	Stellor	27
1	14.FA	THER'S NAME	I dati		'S MAIDEN NAM				
Ì	1	Percu	MIDDLE	ton Ber	nice	WIDDLE		Holton	
		VAS DECEASED EVER IN U.S. AI		ECURITY NO. 17 INFORM	ANT	ADDR	ESS ,		
	- 11	ET PO OF THE HOME OF	VE WAR OR DATES) 24-64	-8172 Set	119H ac	Manor 3	501 W.	Franklin	St.
7		18 CAUSE OF DEATH Enter of	nly ane cause per line far (a), (b)	and ic .		,		APPROXIMATE INTER	VAL
1		PART I. DEATH WAS CAUSI IMMEDIA	ED BY: (TE CAUSE (a)	Opportunisti	Luft	ction	TELET !	4mcc.	
		District Con	DUE TO, OR AS & CONSE	QUENCE OF	00	. (0		
ı		Canditians, if any, which	(16) ACON	uce Immu	w left	ione syna	Rione	Smor	
1		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSE	QUENCE OF) /			
1		underlying cause last.	(c)						
		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATE	D TO THE TERMI	INAL DISEASE OR CON	DITION GIVEN	IN PART Tra	
	CERTIFICATION								
Į	CA	190 DATE OF OPERATION	196 CONDITION FOR WH	IICH OPERATION WAS PERF	ORMED	200 AUTOPSY?	20b. IF YES, W	PERE FINDINGS USED IG CAUSES OF DEAT	H ²
	ET.					YES NO	YES [] NO [
ij	8	210. ACCIDENT WAS UNDERLYING	LIGHT THE MONTH	DAY YEAR 216 HOW II	NJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	T OR PART 2)	
	CAL	OR CONTRIBUTING CAUSE OF DE	AIII	19					
	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	211 LOCAT	ION	CITY OF TO	n wh	COUNTY 51	TATE
ı	2	NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFF	ICE FARM, ETC)		1 1		31	1816
ı	100		nital_attended the deceased fro	m 10-18	19 17		19_	E) that (I) (v	vē) last
1		saw the deceased alive ar	7 / 1/	(-)) (aur) opinian d	leath accurred on the d	ate and haur ar	nd from the causes sto	ted
1	118	22b. SIGNATURE	or view the body after death.	DEGREE				22c DATE SIGNED	
		Yremi	· Lonzela	~	ATTENDING PHYSICIAN	MEDICAL STA	FF IAN	7/1/1	7
n	HY	22d. PHYSICIAN'S NAME LTYPE	OR PRINT	22e ADDRE	SS	11 07	7 1	11	
			IME PUN	MLAN S	214	Harph	10.14	eth.	
	23a. B	URIAL, CREMATION, REMOVAI	23b. DATE	23 NAME OF CEMETERY OR	CREMATORY	23d LOCATION	c	OUNTY 51	TATE
		Rurial	17-1-8/1	King Mem	100				
	24 FU	INERAL DIRECTOR	ADDRE	55	25a. DATE	REC'D. BY REGISTRAR			-
u	/	1. 1.0		161 27. HonTh	Sign JUI	TO 1201	Julia D	cordern. Randa	776

DHMH - 16 60M 7/84

(VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH O SEGISTRAR
ASED NAME 20. DATE KNOWN TYPE OR PRINTI OF ESTI-Gladys DEATH MATED Hines 25/19 87 4 RACE DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS DATE 75 YRS. PRONOUNCED 11/1/1911 FEMALE BLACK DEAD 25/19 87 a TO BIRTHPLACE (STATE OR TE CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED FOREIGN COUNTRY U.S.A. BALTO., MD. DIVORCED Baltimore City 10. CITY OR TOWN OF DEATH 176 KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE) OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 1400 Edison Highway Baltimore ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 30 STATE 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 400 EDISON BALTO MD 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST TAYLOR ELVIRA BROWN JOHN 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166 SOCIAL SECURITY NO. [[IF YES, GIVE WAR OR DATES] IE WORD "PENDING" IN PENCIL IN ITEM THE CHIEF MEDICAL EXAMINER ALONG WITH THE CHIEF MEDICAL EXAMINER ALONG WITH DESCRIPTION BE USED AS A BURIAL - TRANSIT PERMIT PARTITY AND MENTAL HYGIENE, DIVIDING TO BURIAL CREMATION, OR REMOVAL. 218-10-5405D LORRETTA LASSITER 7019 ROCKRIDGE Cardiovascular APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line far (o), (b), and (c),) PART I DEATH WAS CAUSED BY Disease and Diabetes Mellitus IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD "PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HIBALTIMORE, MARYLAND, 21201 PRIQR TO BURIAL. YES NO X 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 211 LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) STATE CITY OR TOWN COUNTY X Inspection 220 I certify that I took charge of the remains described above, held on Autapsy and in my opinion deoth resulted fram: Accident Suicide Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE 7/25/87 Assistant SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Margarita A. Korell, M.D. 111 Penn St. TYPE OR PRINT) ADDRESS. 230. BURIAL, CREMATION, REMOVAL 236, DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY BURIAL 7/29/87 07/B4 BP BALTO NATIONAL $BAT_{1}TO$ MD 24 FUNERAL DIRECTOR

25M

DHMH - 17 (VR A15 ME (5))

LEROY O. DYETT 4600 LIBERTY HEIGHTS

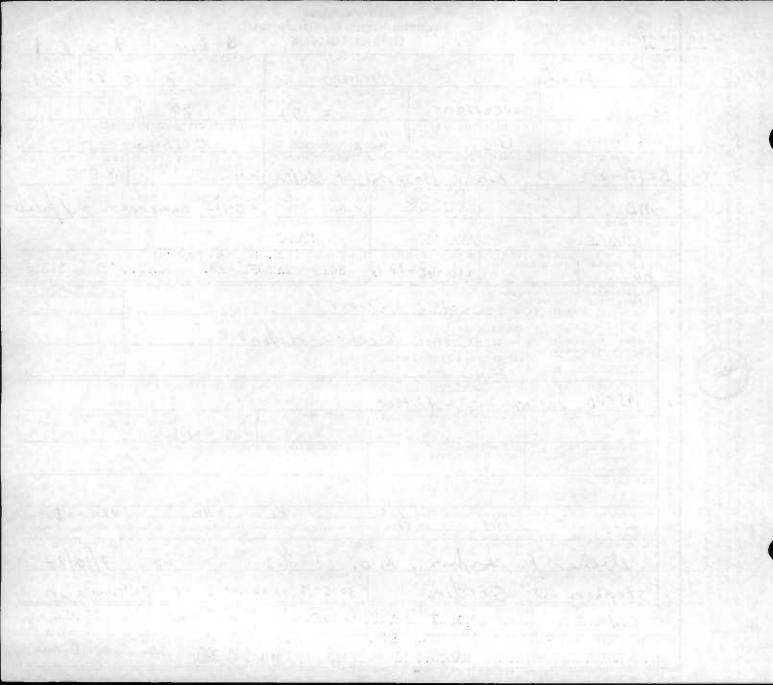
250. DATE REC'D. BY REGISTRAR

REGISTRAR'S SIGNATURE

JUL 20 1987 AL FLANDEN

STATE OF MARYLAND

DEAL		- 1	- STATE	DEPART	MENT OF HEALTH AND MENTAL H	TUIENE	,
133	DO THE		REGISTRAR		CERTIFICATE OF DEATH	& REG. NO	19671
			ECEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
o.	oge 3 death	10	Fried Fried	C	Hirmes	7	10 87 7:501 M
You You	Pod	3.5		4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HRS
4	offe,		Co 10	Caucasian	MONTH DAY YEAR	90	MONTHS DAYS HOURS MIN.
age	direc	70	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	3 27 97	9 BALTIMORE CITY OR COU	NITY OF DEATH
E E	200	1	CTTHUANIA		MARRIED NEVER MARRIED		
deo	hin 1	/		U.S.	WIDOWED NORCED	Daltin	nore alty MD.
1 E	the state of the	1	CITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET	IG HOME OR OTHER INSTITUTION ADDRESS)	TYPE OF WORK FOR MOST OF WORKIN	176. KIND OF BUSINESS OR
5 ()	à = 10		3altimore		spitul of Balt.	HOUSEWIFE	AT HOME
Z I	d in		UAL RESIDENCE (IF NURSING HOME OF LIBERT COL		ADMISSION) 136 INSIDE CITY LIMITS?	113 STREET ADDRESS / 7ID CO	ODE . /
24	evild out		MD.	BALTIMOR	YES XX NO [130 STREET ADDRESS / ZIP CO	roft Rd/2121
i i	2 sh	14.	FATHER'S NAME		15. MOTHER'S MAIDEN N	IAME	
\$ P	a d d		ELIEZER	KLAVANSKY	MALKA	WIDDIE	LAST
Cute Cute	- E-) = -	16a	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECU	IRITY NO. 17 INFORMANT MRS	. HANNAH STORCH	
ex ex	Pages Pages medico		(YES, NO OR UNKNOWN) (IF YES, C	GIVE WAR OR DATES) 220 - 46			го., MD 21215
LTI	non.	=	<u>no</u>				
8 P	hysic oop ovol		PART I. DEATH WAS CAUS	only one cause per line far (a), (b), an SED BY:	-		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
SI.	on grand		IMMEDI	ATE CAUSE (a) Carriac	cilest		
5 4	corb , or			DUE TO, OR AS A CONSEQUE	ENCE OF	1 4	
PRESTON ST	on on		Conditions, if any, which	(16) Lerebral	Vascular acci	dent	
1	ATTA		gave rise to immediate cause (a), stoting the	DUE TO, OR AS A CONSEQUE	ENCE OF		
\$ 15 15	(300)		underlying cause lost	(c)			
2 /	「神経」		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	RMINAL DISEASE OR CONDITION	GIVEN IN PART Tra
0	7217	ERTIFICATION	ASCVD 10	roxysmal a-f/	tto		
3	200	1 5	190 DATE OF OPERATION		OPERATION WAS PERFORMED		YES, WERE FINDINGS USED
4	PAFF	/ ≝				YES TO NOTO	RTIFYING CAUSES OF DEATH? YES \(\bigcap \) NO \(\bigcap \)
4	BER.		710. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	171¢ HOW INJURY OCCU	JRRED (ENTER NATURE OF INJURY IN ITEM	
Z	2 4 1 5 E		OR CONTRIBUTING CAUSE OF D		AY YEAR	ALLE A SERVICE OF MARKET IN THE MEN	10 / 761 / 101 / 761 / 2)
2 9	2 9 5 5 3	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMIN		19		
DIVISION OF VITAL RECORDS	1 1 1 0 p		216 INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
2	tho of		AT WORK AT WORK				
9	4 4 5 E				7/8 19 8		
_ 5	5442		saw the deceased alive a abave, (I) (we) (did) (did)	on 1/0 19 19 19 19 19 19 19 19 19 19 19 19 19	87, and that in (my) (aur) opinio	on death occurred an the date and	haur and from the causes stated
8	10 10 10 10 10		226. SIGNATURE		DEGREE		22c. DATE SIGNED
9	1 2 2 2		Itali.	1. sarlin	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	7/10/87
-	P # 14 5	T	224 PHYSICIAN'S NAME (TYPE	(PR PRINT)	22e ADDRESS		1110111
9	5819	1	Stephen	J. Gordin	3005-16	Romanio U	Baltimore in
0	5 5 4 4 3-	22-	BURIAL, CREMATION, REMOVA				
		F	EMOVAL/BURIAL	JULY 10,1987	NAME OF CEMETERY OF CREMATORY	JERUSALEM	COUNTY ISRAEL STATE
E	SP			LEVINSON & BROS.			
DHA	AH - 16 60M 7/84	24				ATE REC'D. BY REGISTRAR 25b. REC	GISTRAR'S SIGNATURE
	(VRA 15, 4)		6010 REISTERSTO	OWN RD. BALTO.,	MD 21215	111 14 190/ 000	- Constant



ily filled in by the funeral director page 3 should be filed within 72 hours after death

STATE OF MARYLAND 3

	INIL OI MAN	ILAND	
DEPARTMENT (OF HEALTH AL	ND MENTAL	HYGIENE
CER	TIFICATE O	F DEATH	

	19		-1	0
	9	h	1	-
REG NO.		4		-

	22	REGISTRAR				CERTIF	ICATE OF DEAT	H	REG	NO.	, 0	l la	
10	r SEC	EASED NAME	FIRST		MIDDLE	ı	AST		20 DATE OF DEATH	H MONTH	DAY YEAR	2b HOUR	}
1	(1175	Doroth	4		B	Hits	elberge	1		07/1	6/87	1030	AM
	3. SEX		1	RACE		5. DATE C			6 AGE (IN YEARS LAS	BIRTHDAY)	MONTHS DAYS	IF UNDER 2	I HRS
		Female		whi	te	12/	03/902	EAR	84	YRS.	MONTHS DAYS	HOURS	MIN.
1		RTHPLACE (STATE OR F	OREIGN 7	CITIZEN OF	WHAT COUNT	RY? 8	D NEVER MARRI	IED 🗆	9 BALTIMORE CIT	Y OR COUNT	TY OF DEATH		
)	E	39 14imor	e	USA		WIDOWE	DIVORC	ED 🗌	Baltin	1 dre	City		MD.
	10. CI	TY OR TOWN OF DEA	TH 1		HOSPITAL, NUI		OF OTHER INSTITUTI	ION	126 USUAL OCCUP			OF BUSINES	SOR
1	B	a Himor	2	Saint,	Agnes	7.17	oital		Homemak	er			
1	13a S	AL RESIDENCE (IF NURS	136 COUNT	Y	13c. CITY OR T		134. INSIDE CITY LI	MITS?	13e.STREET ADDRES				
2		aryland	Balt	imore	Arbuti	us	YES NO	4	914 Pala	di Dri	ve, 2127	27	
1	A FA	THER'S NAME	M	IDDLE	LAST		15. MOTHER'S MAIL		MIDDL	E	LA		
6	/	George		W.		erson	Eliza	abeth		0.0000	Ria	11	
2		VAS DECEASED EVER		WAR OR DATES)	166 SOCIALS		17 INFORMANT	C 7.7		DRESS	adi Dri		
		No			214-38	-25/9	Patricia	C. W	ilford, 9	14 Pai			
		18 CAUSE OF DEATH	H (Enter only	ane cause per	line far (a), (b	, and ic-					BETWEEN	ONSET AND D	EATH
			IMMEDIATE		depsis						4 de	di.	
				DUE TO, O	R AS A CONSE						imuk		
		Conditions, if any, gave rise to imm		(b)_	tost 9	angrene					114400		
		cause (a), statin	g the	DUE TO, O	R AS A CONSE	OUENCE OF							
				(c)		TO 05 . THE BUILT						-	
	Z	PART 2 OTHER SIGN	NIFICANT CO	ONDITIONS <u>CC</u>	DNIKIBUTING	TO DEATH BUT	NOT RELATED TO T	HE LEKWI	NAL DISEASE OR C	SUMPLIANCE	IVEN IN PART 1	0	
2	ATIC	19a DATE OF OPERAT	TION	19b COND	TION FOR WH	HICH OPERATIO	N WAS PERFORMED		200 AUTOPSY?		ES, WERE FINDI		
7	CERTIFICATION								YES NO		TIFYING CAUSES YES	OF DEATH	1?
-	CERT	210. ACCIDENT WAS UND	ERLYING	21b. TIME O			21c. HOW INJURY	OCCURRE	ED (ENTER NATURE OF				_
1		OR CONTRIBUTING (HOUR A.	M. MONTH	DAY YEAR							
	MEDICAL	21d INJURY OCCUR		21e PLACE	OF INJURY		21f LOCATION				COUNTY		-
71	¥	WHILE NOT WH	THE	(AT HOME ST	REET FACTORY, OFF	FICE, FARM ETC)	STREET		CHAG	RTOWN	COUNTY	517	ATE
		22s.1 certify that (1)	(this hospite	al) attended th	e deceased fro	om_06/	16 87 , 19	87		16	19.87	that (II (w	e) lost
		sow the decease above, (1) (we) (c	ed alive out_	07/16	1		nd that in (my) (our)	opinion d	leath accurred an th	e date and h	aur and fram the	causes stat	red
		22b. SIGNATURE	are your man	view the budy	aner deane	97 -	DEGREE				22c DATE	SIGNED	
		MI-Nu	sir				ATTEN	IDING ICIAN []	MEDICAL S	STAFF	7/4	618-	+
1		22d. PHYSICIAN'S NA					220 ADDRESS	ret L	hun a	00 CATO	an/A.	21	
		MOKHUE	IK NY	75AR			SI PEN	BALL,	MO	212	1/2		
•	23a B	SPECIFY PURIS	REMOVAL	23h DATE	/o.T	23c. NAME OF C	EMETERY OR CREM	ATORY	23d LOCATION		I OUNTY-	CI	ATE
	L '	SPECIFY) Burial		7/20	/8/	St. Aug	ustine Ce		7			Maryl	and
		JNERAL DIRECTOR			ADDRE	ESS	21229	250. DATE	REC'D. BY REGISTE	AR 256 REGI	STRAR'S SIGNA	TURE	-
	Hu	abbard Fune	eral H	ome, Ir	c., 41	07 Wilke	ens Ave.	10	L 20 198	7 1.	1 ~ 3	. 0	

TO FUNERAL DIRECTOR: After this certificate hishould be detached for use as the burial-transit powith the State Dept. of Health and Mental Hygien MPORTANT: If Hem 21 is marked ar Hem 18 sh

DHMH - 16 60M 7/84 (VRA 15, 4)

in by the fun TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and cashauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages with the State Dept. of Health and Mental-Hygiens prior to burial, cremation, or removal.

injury, ar other troumatic event, th

IMPORTANT: If Hem 21 is marked or Irem 18 shows ony

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

attending physicial

59343 JL 1 FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

7	1	9	6	1
REG. NO.				

1 -	REGISTRAR				CERTIF	FICATE OF DEAT	TH	ರ	REG. NO	0.	9	0	1	3
	CEASED NAME	FIRST		MIDDLE		LAST		20 DATE C		MONTH	DAY	YEAR	2b. HO	UR
(ITP)	E OR PRINT)	CATHE	RINE	E.		HOBBS		. 70		7	11	87	3:5	5P M
3. SE	Х		4. RACE		5. DATE (YEAR	6 AGE (IN	YEARS LAST BIR	THDAY}	MONTHS	DER I YEAR	IF UNDE	R 24 HRS
	FEMALE	0.10	WHITI	Ξ	8	2 DAY	30	5	6	YRS.				
	IRTHPLACE (STATE OR	FOREIGN	7b. CITIZEN OF	WHAT COUNTRY	AARRIE	D NEVER MARR	RIED X	9. BALTIM	ORE CITY O	R COUN	TY OF D	EATH		
M	ARYLAND		U.S		WIDOWI	ED DIVORO	CED 🔲		timor		-			MD
10. C	Baltimore		(IF NOT IN SU	HOSPITAL, NURSI CHFACILITY, GIVE STREE CALWELL RO	T ADDRESS)	OR OTHER INSTITUT	ION	TYPE OF WO	Secre	OF WORKING	(IFE) IN	b. KIND O IDUSTRY, Lealv	John	ESS OR
13a. S	AL RESIDENCE (FNUR STATE aryland	13b COUN		130. CITY OR TON Baltimo	NN	138. INSIDE CITY LI	IMITS?	13e.STREET	ADDRESS alwel	zip cor 1 Rd.	DE 2	1229		
14. FA	ATHER'S NAME		MIDDLE			15. MOTHER'S MA	IDEN NAM	ME						
	Harrison		WIDDLE	Hobk	os	Sara	h		C.			Sp	ring	er
	VAS DECEASED EVER		MED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMANT			ADDRE	ESS	1			
,	NO	(ir tes, Giv	E WAR ON DATES!	218-28-	-7039	Kathleen	Bear	n-Balk	pier 6	436 V	Wilbe	en R	d. 2	1090
CERTIFICATION	PART 2. OTHER SIG	e lost NIFICANT ((c)		DEATH BUT	NOT RELATED TO 1		200 AUT	OPSY?	20b. IF Y	res, wer	RE FINDING CAUSES	NGS USE OF DEA	THP
ERTI	71a. ACCIDENT WAS UN	DEDIVING T	7 21b. TIME C	NE INTITION		121, HOW INTURY	/ OCCUBB	YES [ио[YES [NO [
	OR CONTRIBUTING	_	110110 1		AY YEAR	21c. HOW INJURY	OCCURR	CD (ENTERN	TATURE OF INJU	RY IN ITEM 18	B PART I O	PRPART 2)		
MEDICAL	(IF EITHER NOTIFY MED 21d INJURY OCCUR			.M. OF INJURY	19	ZII LOCATION								
ME	WHILE NOT W	HILE		REET, FACTORY, OFFICE	FARM, ETC)	STREET			CITY OR 10	WN C	(OUNTY		STATE
	220.1 certify that (I		tol) attended the			nd that in (my) (er)	9) opinion c	death occurr	red on the de		_, 19 our ond	Irom the	that (I) (lost oted
	22d. PHYSICIAN'S N	12	0	allo	m		NDING DICIAN D	DIRECTO	STAI		2	22c. DA E	SIGNED 3	87
	Tollen					1311 Fr	ancis	s Aver	nue					
	BURIAL, CREMATION	, REMOVAL	23b. DATE		NAME OF C	CEMETERY OR CREM	AATORY	23d LOC	TY OR TOWN		cou	INTY		STATE -
	Buria	al	7/16/	87 Me	eadowr	idge Mem.	Pk.	Elkr	ridge		owar	d M	aryl	and
24 F	uneral director ubband Fur	oxel	Home T	no Appeter	Ta7: 11==	21229	250. DATE	E RECID BY	PETTRAR	296 REGI	STRARES	SIGNA	URE	5
Н	uppard fur	lerar.	nome, 1.	HC. 410/	MITKE	ans Ave.	JUL					and registers		

DHMH - 16 60M 7/84 (VRA 15, 4)

There took report divita 2 I whilly collen a G 1 2 2 At 17 1 relation to Sexedent Trust SEE ST JUL

STATE OF MAR	YLAND
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HOERL DATE OF BIRTH

STATE OF MARTERIES				
DEPARTMENT	OF HEAL	TH AND	MENTAL	HYGIENE
CE	RTIFICA	ATE OF	DEATH	

REG. NO.	9	0	1	do
28. DATE OF DEATH MONTH	DAY	YEAR	26 HOL	JR .
7-	15-	87	2:00	2 A.
6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDE	RIYEAR	IF UNDER	24 HRS
70 YRS.	MONTHS	DAYS	HOURS	MIN
DALTIMORE CITY OR COUNTY	VOEDE	ATM		

MALE		WHITE		
	BIRTHPLACE STATE OR FOREIGN COUNTRY) ARYLAND	76. CITIZEN OF WHAT COUNTY		

WALTER

02 MARRIED X NEVER MARRIED WIDOWED

DAY

Baltimore

DECEASED NAME

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) BALTIMORE

UNKNOWN . MD State Employee

USUAL RESIDENCE (IF NURS	ING
13a. STATE	13
MA	1

ARUNNE GLEN BURNIE

13d. INSIDE CITY LIMITS? 15 MOTHER'S MAIDEN NAME

130.STREET ADDRESS / ZIP CODE 7857 AMERICANA 21061

4.	FATHER'S NAME
3	FIRST
1	GEORGE
	GENE

HOERL

Bertha M.

60 WAS DECEASED EVER	
NO UN KNOWN	(IF YES, GIVE WAR OR DATES)
IN CAUSE OF DEATH	H (Enter poly pen source pe

PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

gove rise to immediate couse (a), stating the underlying cause lost.

Conditions, if any, which

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 I a

174 DATE OF OPERATION	
210. ACCIDENT WAS UNDERLYING	
OR CONTRIBUTING CAUSE OF DE	
(IF EITHER, NOTIFY MEDICAL EXAMINE	

216. TIME OF INJURY

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

CITY OR TOWN

21d. INJURY OCCURRED

HOUR A.M. MONTH DAY YEAR 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

20a AUTOPSY

220.1 certify that (1) (this hospital) attended the deceased from

211 LOCATION

and that in (my) (our) opinion death occurred on the date and haur and from the causes stated

COUNTY

saw the deceased alive an above, (1) (we) (did) (did not) view the body after death

MEDICAL PHYSICIAN DIRECTOR PHYSICIAND 22c DATE SIGNED

STATE

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

22 ADDRESS South Baltimore General Hospital

23a BURIAL, CREMATION, REMOVAL Cremation

231. NAME OF CEMETERY OR CREMATORY Security Process, Inc.

DEGREE

Catonsville

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR James S. Kirkley, Glen Bûrnie, MD

Julia Divideon Readnes

within 24 hours ofter

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

JUL 29 87 ATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. I	NO.	9	6	1	ó
DE DE ATH	MONTH	DAY	YEAR	26	HOL

-	-											
		OR PRINT)	Morar	gan	Paul	Hoff	ner Offnar	2a. DATE OF DEATH	MONTH DAY		26 HOU	
	3. SEX	(1	I. RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIR		UNDERTYEAR	IF UNDER	24 HRS
		Male		Whit	ce	Au	g 23 ^{DA} 1923 ^{YEAR}	63	YRS.	NIHS DAYS	HOURS	MIN.
1		RTHPLACE (STATE C	R FOREIGN	b. CITIZEN OF	WHAT COUNTRY	8	NEVER MARRIED	9. BALTIMORE CITY	R COUNTY O	FDEATH	- 1	
1		Pa.		USA		WIDOWE	D DIVORCED] Baltimo		-	50	MD.
1	E	TY OR TOWN OF D BAltimore	1	Franc	HEACILITY, GIVE STREE	Key	Hospital	170 USUAL OCCUPAT (TYPE OF WORK FOR MOST O Retired		industry teel	F BUSINE	SS OR
7	13a. S	AL RESIDENCE (IF NO.) TATE Md.	13b. COUN BAL	TY	13c. CITY OR TOV	VN	13d. INSIDE CITY LIMITS?	856 Middl		pad 2	1221	
7	II, FA	THER'S NAME Chester	N	NDDLE	Hoffner	- 53	is mother's maiden n Ide'lla	WIDDLE	Merv	rine LAST	r	
7		VAS DECEASED EVE			166 SOCIAL SEC		17 INFORMANT	ADDRI				
01	The same of the sa	yes	W	MAR OR DATES)	182-16-	-4396	Lula Hoffn	er 856 Middl	esex Ro)ad 21	221	
		18 CAUSE OF DEA	ATH (Enter only	one cause per	line for (a), (b), a	nd (c).)				APPROXI BETWEEN C	MATE INTER	DEATH
		PART I. DEATH		BY: CAUSE (o)	Cardi	ac .	arrest				IN	
			IMMEDIATE					CHEMINA				
		Conditions, if or	which	(b)	R AS A CONSEQU					36 L	3002	
		gove rise to in couse (a), sto underlying cou	mmediate ting the)	RAS A CONSEOL	JENCE OF	d hemo.	rrase		12	day	,
	NO	PART 2 OTHER SIG	GNIFICANT C	ONDITIONS CO				RMINAL DISEASE OR CON	DITION GIVEN	IN PART 110		
1	CERTIFICATION	19a. DATE OF OPER				H OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, W			
	TIF.	7/13/8	17	300	lin an	eurysn		YES NO	YES [NO [_
, ,		210. ACCIDENT WAS U	CAUSE OF DEAT	"	M. MONTH		21c. HOW INJURY OCCL	JRRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	T OR PART 21		
	MEDICAL	(IF EITHER, NOTIFY ME		21e. PLACE		19	21f LOCATION					
	ME		WHITE		BEET, EACTORY, OFFICE.	FARM, ETC)	STREET	CITY OR TO	ww	COUNTY	S	STATE
		22a 1 certify that	(1) (this hospite	ol) ottended th	e deceased from,	7	112 19 8	7. 10 TI	24 19	87	that (I) (v	we) lost
		sow the deced		view the body	7 /2 3 19_	87,01	nd that in (my) (our) opinio	on death occurred on the d	ate and hour o	nd from the	couses sto	iled
		226. SIGNATURE		. 1 1	_1		DEGREE			22c. DATE	SIGNED	10.0
		1	//	Mosk	sant 2		MO ATTENDING	MEDICAL STA		17/	24	187
Ī		22d. PHYSICIAN'S	NAME (TYPE OR	PRINT)			77e ADDRESS	1 /	1/1		- (1	1
		N	Mos	Kowi.	72		FSI	K HOSP	.TU			
		URIAL, CREMATION	N, REMOVAL	23b. DATE			EMETERY OR CREMATOR	CITY OF TOWN	-	TORINIA WA		LAIL J
		Buri	al	7/2	7/87 1	Holly	Hill Cemeter	y MiddleRi	ver Bal	LTO. M	aryl	ana

DHMH - 16 60M 7/84 (VRA 15, 4)

IO FUNERAL DIRECTOR. After this certificate has been signed by should be detached for use as the burial-transit permit. Then please with the State Dept. of Health and Mental Hygiene prior to burial, or

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that

retained by the hospital or ottending physician.

BP.

IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other traumatic event,

24 FUNERAL DIRECTOR
Connelly Funeral Home 300 Marce Ave. 21221

JUL 28 1981 Julia Dender Russe

JUL 2 8 1982 Jul 25 July 20 Ju

Street County Color Ser

BALTIMORE, MD. 21201

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,

07/84

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE, MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	63	1	- 2	
REG. N	4	0		-1
REG. N	0.			7

		GEASED NAME	FIRST	10,100	WIDDLE		LAST	- 10	20, DATE KNO OF EST		ONTH DAY YEAR	2h HOUR
TREET,	11		Bert	ha	R.		Hogan		DEATH MAT		26 1987	N
N S I	3. SEX	emale 4 RA		Sept. 9		(IN YEARS IF UP	IDER I YR. IF	UNDER 24 HR	PRONOUNCED DEAD	7	7 26 1987	9:25 _M
S TOR YOU WITHIN	FO	RTHPLACE (STATE OF REIGH COUNTRY)		USA	AT COUNTRY?	8 MARR WIDOV	ED NEVER	MARRIED [Baltin Baltir		OUNTY OF DEATH	MD
		altimore	ATH	11. NAME OF HOSP (IF NOT IN SUCH FACE	LITY, GIVE STREET ADD	RESS)	er institutio		USUAL OCCUPATION OR MOST OF WORKING LE	ON (TYPE OF V		
RETAIN HOULD BE RECORDS	USUA 130. S1	L RESIDENCE (IF IN)	13b. COUNT	OTHER INSTITUTION, GIVE	RESIDENCE BEFORE AI 13¢ CITY OR TOV Baltimo	DMISSION) WN	13d. INSIDE CITY L		STREET ADDRESS		d Street 2	1223
A ALA	14 FA	THER'S NAME FIRST Harry		MIDDLE	Bosie		15 MOTHER'S FIRST	MAIDENNA		,	tast Knopp	
340	16a. W	/AS DECEASED EVE	R IN U.S. ARM		16h SOCIAL SEC		17. INFORMAN		AC	DRESS	21229	- T
36		No	18 125, 0112	_	216-46-	8658	Mary M	1. Spar	r, 1021 I	Elmric	dge Avenue	2 5 /
DICAL EXAMINER ALON 5.4 BURIAL TRANSIT FER TH AND MENTAL HYDIEN EMATION, OR REMOVAL	NC	Conditions, if gave rise to cause (a) statisty lying cause los	any, which immediate ing the under- t.	(b)	S A CONSEQUE	NCE OF			r disease	2		
OF HEA OF HEA OF HEA	CERTIFICATION	190 DATE OF OPE	RATION	19b. CONDITI	ON FOR WHICH	OPERATION W	AS PERFORME	D?			20 AUTOPS	Y?
SHOULD BE SHOULD BE PARTMENT RICK TO BE	MEDICAL CERT	210 EXTERNAL CA UNDERLYING CONTRIBUTING CONTRIBUTING	OR CAUSE OF D	EATH P.M.	MONTH DAY	YEAR 9	OW INJURY OC	CURRED (ENT	TER NATURE OF INJURY IN	ITEM 18 PART 1		
VARPE PAGE 3 FATE DE 21201 F	ME	WHILE AT WORK AT	T WHILE		RY. FARM, ETC.)		TREET		CITY OR TOWN		COUNTY	STATE
A SHOULD BE FOR INNERAL DIRECTOR: DEATH, WITH THE SHORE, MARYLAND,		220 I certify that death resulted from		af the remains described to the remains descri	ribed above, held Accident ,	Suicide	Hamicide TITLE (SPEC	CIFY)	determined monner	□.	my apinian DATE 7-27-8	17
PAGE A SHOIL TO FUNERAL AFTER DEATH BALTIMORE, A		EXAMINER'S NAM (TYPE OR PRINT)	Marga	rita A. K		l.D.	ADDRESS	L11 Per	n St., B			
)	(5	PECIFY) Buria		7/29/87		rn Ceme	tery		location livertown saltimore		Mary!	and
DHMH - 17		NERAL DIRECTOR NAME	eral H	ADDRESS	4107 W	ilkons			2 9 1987		AR'S SIGNATURE	1.00

	STA	TE OF	MARYL	AND
-	 			

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.	1 3	3
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1-	FOR STATE REGISTRAR			EALTH AND MENTAL HYG ICATE OF DEATH	8 /	9678
1. DEC	CEASED NAME FIRST AD	ELE MIDDLE SI	HUTZ HO	AST HOLDEN	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR 4:00 /
3. SEX	MALE Finale	White wit	5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY) 78	IF UNDER LYEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. RS.
7o. Bi	RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76. CITIZEN OF WHAT CO	OUNTRY? 8. MARRIEI	DEXNEVER MARRIED DINORCED	9. BALTIMORE CITY OR COU	nty of DEATH timore City M
10. CI	BALT Baltimor	11. NAME OF HOSPITA (IF NOT IN SUCH FACILITY,	L, NURSING HOME C GIVE STREET ADDRESS)	Samaritan	17a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK!) Secretary	12b. KIND OF BUSINESS OF INDUSTRY Drug
13a S	AL RESIDENCE (IF NURSING HOME OR STATE 13b. COUNTY)	OTHER INSTITUTION, GIVE RESIDENT		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP C 806 Walker	
(No.	ATHER'S NAME FIRST Francis	MIOOLE J.	Shutz	Aurelia	WIDDLE	Roth
0	NAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	F WAR OR DATES!	-01-0280 A	Trancis J. Ho	ADDRESS 1den 806 Walke	r Ave. 21212
TION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT (Consequence of different	ated Kutas	ta to Ca f of	10 YYS 1.5 m III I GIVEN IN PART 110. FYES, WERE FINDINGS USED
CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FO	DR WHICH OPERATIO		YES NO	ERTIFYING CAUSES OF DEATH? YES NO NO
A) .	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	HOUR A.M. MC	Y ONTH DAY YEAR 19	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEA	a 18 PART I OR PART 2)
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJU	RY DRY, OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
	22a. I certify that (I) (this hosp sow the deceased alive or above, (I) (we) (did) (did no 22b. SIGNATURE	t) view the body ofter de	oth. 19, o	DEGREE ATTENDING	MEDICAL STAFF	thou and from the couses stated 22c DATE SIGNED 7-6-87
	22d. PHYSICIAN'S NAME (TYPE OF ANTOINE	SALLOC		22e. ADDRESS 5601		ren BIV.
	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	7-8-87		edeemer	Balto. City	
	UNERAL DIRECTOR tchell-Wiedefel	d Home 6500	APPRESS York Road		TE REC'D. BY REGISTRAR 256. R	distrary signature ultre Dender Readil

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP

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cacca .evi e	edian of the heigh	of .Calous	A. D. 20-1	21.0	* * m		52

TO HOSPITAL

061134 JUL 29 87 ATE

MPORTANT: If Item 21 is

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE	OF I	MARY	LAND
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8

REG. NO.

9679

DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

	ECEASED NAME FIRST GE	rtrude ", Ma	rie	Holden	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
2.00	GerTRude	1010	20		1.105	1 26	NDER LYFAR	IF UNDER 24 HRS
3. SE	1	RACE	5. DATE O		6 AGE (IN YEARS LAST BI	MON MON	THS DATS	HOURS MIN.
1	e male.	White	7	6 11	70	YRS		
7/0. B	COUNTRY)	CITIZEN OF WHAT COUNT	MARRIE	D NEVERMARRIED	Baltimon	_	DEATH	
10.0	Illaryland	1 NAME OF HOSPITAL NUL	WIDOWI	DIVORCED DIVORCED	12a USUAL OCCUPAT		In KIND OI	MD.
	Baltimore	Mason Lond	Wursing		TYPE OF WARK FOR MOST O			ework
130	AL RESIDENCE IN NURSING HOME OR OF STATE	Y 13c CATY OR J		YES XX NO		ZIP CODE	t Ave.	21231
14. F	ATHER'S NAME Lewis	Lentz		15 MOTHER'S MAIDEN NAM PIEST PRENE	MIDDLE	(O'Conn	ior
	WAS DECEASED EVER IN U.S. ARMI	ED FORCES? 166 SOCIAL S	SECURITY NO	17 INFORMANT	ADDR			
	No	216-3	0-6373	Ann Baldwin	1737 E. Fa	irmount	Ave.	21231
	18 CAUSE OF DEATH Enter only PART I. DEATH WAS CAUSED	one couse per fine for iai, (b	, and Icil				APPROXIA BETWEEN O	MATE INTERVAL
	IMMEDIATE		umoni	a			da	45
		DUE TO, OR AS A CONSE	OUENCE OF				()
	Conditions, if any, which	(b)			340 C 4 34			
	cause (a), stating the	DUE TO, OR AS A CONSE	EQUENCE OF			3,000		
	underlying couse last	(c)						
z	PART 2 OTHER SIGNIFICANT CO	1	TO DEATH BUT	- 1	IN AL DISEASE OR CON	DITION GIVEN	IN PART I to	
CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATIO	ementa IN WAS PERFORMED	20g AUTOPSY?	20b IF YES, W	FRE FINDIN	IGS LISED
IFIC	THE OF CLEANION	1,12 CONDINION TOWN	ner or examp	TO ASTERIO RIVED	YES NOW	IN CERTIFYIN	G CAUSES	OF DEATH?
ER	21a. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY		21c HOW INJURY OCCURR			OR PART 2)	NO L
	OR CONTRIBUTING CAUSE OF DEATH		DAY YEAR	200				
MEDICAL	216 INJURY OCCURRED	P.M. 21e. PLACE OF INJURY		211 LOCATION	Value of male			
¥	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFF	FICE FARM, ETC)	STREET	CHYORTO	IWN	COUNTY	STATE
	22a.1 certify that (I) (this hospital	l) ottended the deceased fro	om_7/1	19.87	_, to 7/26_	. 19_	87	that (I) (we) last
	sow the deceased olive on above, (!) (we) (did) (did nat)		1987,0	nd that in (my) (our) opinion o	death occurred on the d	ote and hour an	d from the c	couses stated
	226. SIGNATURE	View the body offer death		DEGREE			22t. DATE S	SIGNED
	Larigh h	Ous Cloud		ATTENDING PHYSICIAN D	MEDICAL STA		7/	21/87
1	22d. PHY ICIAN'S NAME (TYPE OR P	PRINT)		22e ADDRESS		4	0	
	JOSEPH	GOUSLAND	DR	5200 8	ASTERN.	AVE	Bal	+21224
	(SDECIEV)	236 DATE	23c NAME OF C	CEMETERY OR CREMATORY	23d LOCATION	0 11	DINIV	STATE
	Durial	7-28-87	New (athedral	Baltimo	no (ity	, Md.	
24 F	UNERAL DIRECTOR	ADDRI	ESS _		REC'D. BY REGISTRAR	256. REGISTRAR	SSIGNATI	. 6
n	arles S.Zeiler &	Son Inc. 901	S.Con	kling St. JU	0 190/	ازع مات	e. I'm the	The dellar

Agradous in the second second of the second Satisface and the same of the to the state of th Later to the second of the sec

A Company of the North Company of the Company of th

059788

executed within 24 hours ofter death. Page 4 may be

n and campletely filled in by the funeral director page 3 Pages I fand 2 should be filed within 72 navin offer direct

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

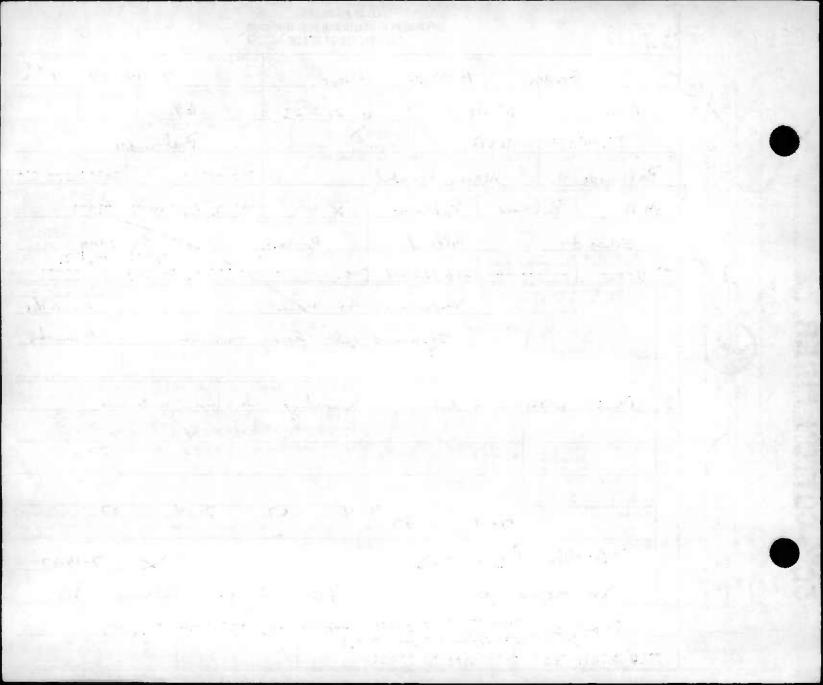
9	6	8	1
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13	FOR - STATE - REGISTRAR			DEPART		EALTH AND MENT		NE / REG. I	1 9	6 8	U	
1. DE	ECEASED NAME	FIRST	-	MIDDLE	Į.	AST	1	O DATE OF DEATH		DAY YEAR	2h HOU	R
100	PORMINI)	Georg	0	Anthon	v /	4//- 1			7 - 10	4-87	1	55
3.50	ex .		4 RACE	77,11011011	5. DATE C	OF BIRTH	6	AGE (IN YEARS LAST E		IF UNDER I YEAR	IF UNDER	24 HR5
1	Male		1.18		MONTH	DAY Y	EAR	1-	4	ONTHS DATS	HOURS	MIN.
20. 1	Andrew Control	OR FOREIGN	Th CITIZEN OF	WHAT COUNTRY?	1		23	BALTIMORE CITY	OR COUNTY	OF DEATH		
	COUNTRY				MARRIEI	NEVER MARR	IED '	2	01	OI DEATH.		
110.0	I'ld r	yland	UST	·	WIDOWE	DIVORC		70 USUAL OCCUPA	al run	12h KIND C	SE BLICINIE	MD.
100	7 0			H FACILITY, GIVE STREET		OF OTHER INSTITUT		TYPE OF WORK FOR MOST		INDUSTRY		
-	Daltmon	2		ercy Hos	potal			Inspector		Balti	more	Cit
130.	JAL RESIDENCE IF A	13b COUN	TY TY	13c. CITY OR TOW		134 INSIDE CITY LI		3e STREET ADDRESS	/ ZIP CODE			
	WD		more	Baltin	orl	YES NO		114 N. Cu	rley St	2122	24	
14. F	ATHER'S NAME		AIDDLE	LAST		15. MOTHER'S MA	DEN NAME	WIDDLE		LAS	ST	
	Edwa	1		Holland	1	Bus	bara		Be	n Zine	1	
160	WAS DECEASED EV		MED FORCES?	166 SOCIAL SECU	JRITY NO.	17 INFORMANT		ADD	RESSBalt	imore.	MD.	
NO	Uact-		WAR OR DATES	216122	511	Rosemary	Wenge				2122	4
		ATH (Enter onl	v one couse per	line for (a), (b), an							MATE INTER	
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2	19a DATE OF OPE	RATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORME	2)		IN CERTIF	YING CAUSES	OF DEAT	H?
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>	AT WORK AT	WHILE WORK										
	22a I certify that	(1) (this hospit		e deceased from _	7)	-4 15	87	, to 7-1	4	19.87	that (I) (s	we) last
	sow the deci	eased alive an	7-1	17	87.01	nd that in (my) (our)	opinion de	oth occurred on the	date and hour	and from the	causes sto	ated
	22h SIGNATURE	or tolor tolor	O	arrer dearn.		DEGREE				22c DATE	SIGNED	
	1 ~	rellon	Being	And ,			DING	MEDICAL ST DIRECTOR PHYS	AFF	7-	145-	7
1	22d PHYSICIAN'S	NAME (TYPE OF	PRINT)	1		22e ADDRESS	ICIAIT L	DIRECTOR TITIS	ICIAIT		11-0	
	1	Da.		6.		Min.	11	11	111		Las	
22-	DIIDIAL CDSHATIC	1, ,261			NAME OF C	MAC	4 10	23d LOCATION	sal Mn	ne	VVV	
230	BURIAL, CREMATIC		July 1			EMETERY OR CREM		CITY OR TOWN		COUNTY	5	TATE
24 /	FUNERAL DIRECTOR	ation			cur it	y Process	Inc.	Baltimor	R 256 REGISTI	MD.	TUDE	
74.1	7110AE DIRECTOR	The Di	ppel Fu	ADDRESS	me, Ir	ic.	DOLDATE	KEC D. BY REGISTRA	KIZSE REGISTI	KAR'S SIGNA	IURE	
_	7110 Bela	ir Road	Balti	more MD	21206		1	N 61				

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been should be detached for use as the burial-transit permit. with the State Dept. of Health and Mental Hygiene prior IMPORTANT: If Hem 21 is marked at Hem 18 shows any



6 1	728	AUG -	518	FOR STATE REGISTRAR		DEPARTA	NENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 - REG. NO.	19	68	1
				CEASED NAME FIRST		MIDDLE		AST	20 DATE OF DEATH	ONTH DA	y QAR	3 HOUR
	4 moy be	5	()111	MAR	Y O	. HOL	LAND		JULY 31,	1987	7	11:00pm
	od.	o de	3 SE	X	4 RACE		5. DATE		& AGE (IN YEARS LAST BIRTH	DAY) IF	UNDER I YEAR	IF UNDER 2J HRS
	Page 4	20 51		Female	Whi	te	Oct.		94	YRS	NIRS	HOURS MIN.
		The room		RTHPLACE (STATE OR FOREIGN	76 CITIZEN O	F WHAT COUNTRY?	8 MAPPIE	D NEVER MARRIED	9 BALTIMORE CITY OR	COUNTYO	F DE ATH	
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51	of the fu			Baltimore	(IF NOT IN S	FHOSPITAL, NURSIN UCH FACILITY, GIVE STREET LTCh HOSP	ADDRESSI	OR OTHER INSTITUTION	12a USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF V Homemaker	WORKING LIFE)	INDUSTRY	Home
AND ZIA		35	USU	AL RESIDENCE (IF NURSING HO)			ADMISSION)	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS / 1 1801 Wentw	ZIP CODE rorth	Dr.,	21234
AA	tely	3	14 51	THER'S NAME FIRST Charles	WIDDLE	Edmonds		15. MOTHER'S MAIDEN NAME FIRST	ME	Hi	llma'n	ST
y y	conf	8 /-		VAS DECEASED EVER IN U.S				17 INFORMANT	ADDRES			
Ē	exe ond	m dico	(YES, NO OR UNKNOWN) (IF YE	S GIVE WAR OR DATES)	217 14	0837	John Sloa	n, Bal	to.,	MD	
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, 70	gned	burio ry, or		PART 2 OTHER SIGNIFICA	NT CONDITIONS	CONTRIBUTING TO E	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDI	TION GIVEN	IN PART 1	0
2	ober ce	or to bu	ě	PNEUMO				NIC BRAIN S		150-00		
AL KECC	on. hos	ne pri	CERTIFICATION	190 DATE OF OPERATION	196 CON	DITION FOR WHICH	OPERATIC	N WAS PERFORMED		20b. IF YES, \ IN CERTIFYII YES	NG CAUSES	NGS USED S OF DEATH? NO [
5	ph ph	Mental Hygie		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CHIEF NOTIFY MEDICAL EXAM	F DEATH HOUR	OF INJURY A.M. MONTH DA P.M.	Y YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY	IN ITEM 18 PAR	() OR PART 2)	
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5	TTENDIN pital or TOR. Afr	of He 21 is		22a.1 certify that (I) (this) saw the deceased aliv above, (I) (wer did) di	ospital attended on JULY	the deceased from 8	JULY 7	nd that in (my) (our) apinion (, to	. 19		that (I) (lost couses stated
	AL OR A the hos AL DIREC	defoched ofe Dept. IT: If Item		226. SIGNATURE OR P	em'	MP		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	IN D	221. DATE	31/87
	HOSPITAL inned by th FUNERAL	th the Sto		A. NAZEMT					CH HOSPITA ADWAY BALT			

23c NAME OF CEMETERY OR CREMATORY

8/6/87 Evergreen Memorial Finksburg, MD

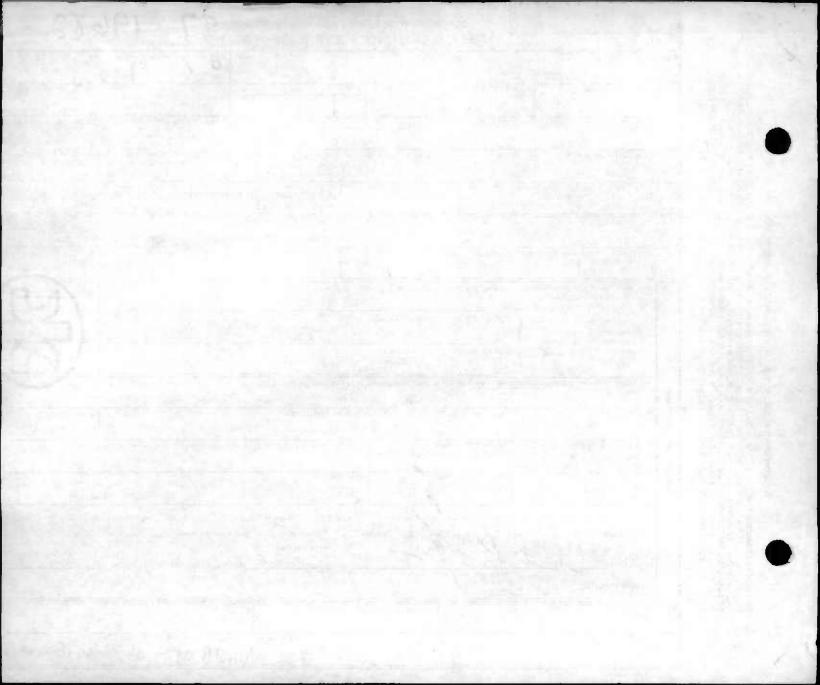
H.W. Jenkins & Sons Co., 212 2406 04 1987 Ava. Norden Pade

23d LOCATION CITY OR TOWN

DHMH - 16 60M 7/B4 (VRA 15, 4)

A. NAZEMI, M.D. 230 BURIAL, CREMATION, REMOVAL 236 DATE

Burial 24 FUNERAL DIRECTOR



DEPARTM	AENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8	REG. NO		9	6	8	3
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L.	. /	toller			7/	0	8/	12	A
Black	S. DATE O		6. AGE (IN	YEARS LAST BIRT	YRS.	MONTHS	R 1 YEAR DAYS	IF UNDE	R 24 HR
WHAT COUNTRY?	8	NEVER MARRIED	9. BALTIM	ORE CITY OF	COUNT	Y OF DE	ATH	•	
5 A	WIDOWE	_	1	Balti	moi	re	CI	Ly	M
HOSPITAL, NURSIN	IG HOME O	ROTHER INSTITUTION		LOCCUPATION HOST OF			KIND O SUSTRY	FBUSIN	IESS O
N. GIVE RESIDENCE BEFORE		113d INSIDE CITY LIMITS?	111 STREET	ADDRESS /	7IP COL)E	6	2/28	23
1/2-1	re	YES NO	30	Nor	th	Ca	ther	ine.	S
. 1		15 MOTHER'S MAIDEN NA	ME						
Holley	,	Alice		WIDDLE		X	el	44	
166 SOCIAL SECU	RITY NO.	17 INFORMANT	a	ADDRE				- /	
217-20-	1/80	Batbara (anni	on 1.	51	W.	Ha	mh	ug
er line for (a), (b), and		a lung		vita	70	-	APPROX BETWEEN	mate int onset an	ERVAL ID DE ATH
OR AS A CONSEQUE	NCE OF	Vene	Cann	e kg	nde	· cs			

DECEASED NAME director, page hours after dea 1 SEX 4. RACE TO BIRTHPLACE 76. CITIZEN O 11. NAME O CITY OR TOWN OF DEATH IBNOT IN S pe USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTE 136 COUNTY 13a. STATE 0 14. FATHER'S NAME ofd 2 MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES Poges (IF YES, GIVE WAR OR DATES) es 18 CAUSE OF DEATH (Enter only one cause p PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)_ DUE TO. Conditions, if any, which 0 gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NOF 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21a. ACCIDENT WAS UNDERLYING 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION ŏ CITY OF TOWN (AT HOME, STREET FACTORY, OFFICE FARM, ETC.) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated sow the deceased alive on obove, (1) (we) (did) (did not) view the body after death DEGREE old be detach ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR | PHYSICIAN MPORTANT: 22e ADDRESS kes un. ŧ 23c NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, REMOVAL 236. DATE Owings Mills 7/16/87 BP.

DHMH - 16 60M 7/B4

(VRA 15, 4)

Burial 24. FUNERAL DIRECTOR

STATE REGISTRAR

West 4300 Wabash Avenue

Garrison Forest Vet

YES [

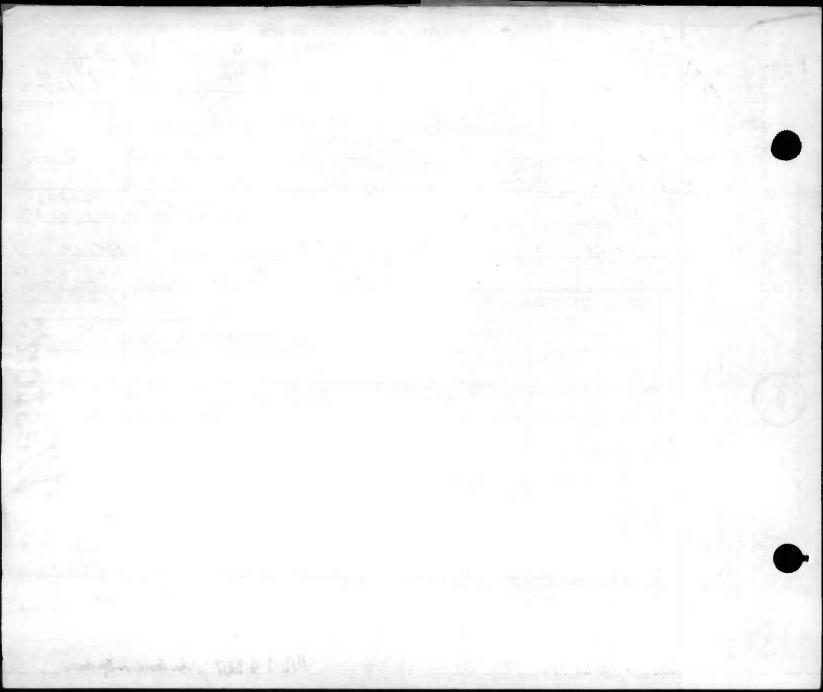
COUNTY

220 DATE SIGNED

Md

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STATE



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107		E OR PRINT)		h.a.			no.	20. DATE OF DEATH		87	26 HOUR !
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AND 21:	13a. S	NID.	13b COUN	NTY	131. CITY OR TOV Arbutus	VN	YES NO	13. STREET ADDRESS / 1254 BG	ZIP CODE	2 57.	21227
MARYI angles	LIPS.	ohn R. Mart	in	MIODLE	LAST		Mary Krel	DS MIDDLE		LAST	
OR SERVICE		WAS DECEASED EVER		MED FORCES?	166 SOCIAL SEC	URITY NO.	17. INFORMANT	ADDRE	SS		
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DHMH - 16 60M 7/B4	24 F	UNERAL DIRECTOR			ADDRESS		250. DAT	L 20 1987	25 REGISTA	BECHETAA K	RE
(VRA 15, 4)	A	mbrose AMA	695	Home 13	28 Sulph	ur Sp	ring Road JU	L 20 1901	Ü		

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59545	1	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 87 19685 CERTIFICATE OF DEATH
tor, poge 3 offer death	1. DE (1YP)	CEASED NAME FRST MIDDLE OR PRINTS A 4 RACE	20 DATE OF DEATH MONTH DAY YEAR 26 HOUR 20 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 45
Page 4 m director, j hours afte		M B	MONTH DAY YEAR 6 2 YRS MONTHS DAYS HOURS MAIN.
Geoth. P	70 B	RTHPLACE (STATE OR FOREIGN 7b. CITIZEN OF WHA	MARRIED NEVER MARRIED MONORED MONORED
by the filled with	10.6	(IF NOT IN SUCH FAC	SPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF YORK FOR MOST OF WORKING WELL)
filled in rould be	13a.	AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE ITALE) TATE 136. 136.	CETY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS / ZIP CODE 21201
mpletely ond 2 sh	14.F/	THER'S NAME EDWARD MIDDLE	M CGUINE 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE MIDDLE MIDDLE MIDDLE
on and que		VAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	212-203868 Emma L. Holt 1000 ARGULE ADE.
g physicate annapaper remaval.		18 CAUSE OF DEATH (Enter only one couse per line PART I. DEATH WAS CAUSED BY:	SOTION, (b), and (c).) BETWEEN OF SET AND DEATH APPROXIMATE INTERVAL BETWEEN OF SET AND DEATH
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that the l by the sase rem oil, crema		gave rise to immediate cause (a), stating the underlying cause lost	SACONSEQUENCE OF INTA Cerebral Henatona 7-4-87
equires in signed Then ple r to burk injury, o	NO	PART 2. OTHER SIGNIFICANT CONDITIONS CONTR	TRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
The low ricion. te has bee sist permit. giene prio	CERTIFICATION	190 DATE OF OPERATION 196. CONDITION 7-4-87 Int	ON FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
CIAN: 1 physical properties of the physical phys	ICAL CER	216. ACCIDENT WAS UNDERLYING	MONTH DAY YEAR 19
ING PHYSI r attending After this ce as the buri Ith and Mer	MEDI	216 PLACE OF IN WHILE NOT WHILE AT WORK AT WORK	INJURY 211. LOCATION CITY OF TOWN COUNTY STATE
TTENDIN pital a: TOR. Af far use o of Health		22a.1 certify that (1) (this hospital) attended the dec saw the deceased alive an above, (1) (we) (did) (did not) view the body after	and that in (my) (pur) any in death accurred on the date and how and from the saves stated
the hos the hos to DIREC etached te Dept.		22b. SHONATURE	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 9 221. DATE SIGNED 7-8-87
TO HOSPITAL etained by the TO FUNERAL should be determent with the State IMPORTANT:		Tra. PHYSICIAN'S NAME (TYPE OR PRINT) Henry Elsne	22 ADDRESS S. Greene St. Batt
PP	23a E	URIAL, CREMATION, REMOVAL 23b. DATE SPECIFY Burial 7-13-8	236 NAME OF CEMETERY OR CREMATORY 23d LOCATION CHYOF TOWN COUNTY STATE 87 Arbutus Mem. Park Arbutus
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FI	Neral Director March Funeral Home	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

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STATE OF MARYLAND

DEPARTMENT	OF	HEAL	TH.	AND	MENTAL	HYGIENE
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moy b	3 SE	(4 RACE			5 DATE C		6 AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HR
ge 4		Female		White		MONTH 8	20 14	72	YRS	MONTHS DAYS	HOURS MI
Pour Hour		RTHPLACE (STATE OR FO	OREIGN 76 CITIZ	EN OF WHA	AT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY	OF DEATH	
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3 3	16a. V	AS DECEASED EVER			SOCIAL SECUP	RITY NO.	17 INFORMANT	ADDRI	SS		
Poge	(,	es, no or unknown)	(IF YES, GIVE WAR OR D	2	16-07-1	633	Charles W.	Holzman, Jr	. 44	16 Mac	Worth
0 11		18 CAUSE OF DEATH	(Enter only one co	use per line	for (a), (b), and	l (c)				APPROX	MATE INTERVAL ONSET AND DEAT
physici npoper movol		18 CAUSE OF DEATH PART I. DEATH W.	AS CAUSED BY:	Me	TASTATIC	200	NOCARCINOMA	of BREV	KT	man	
quires that signed by hen plebse to burial, a	7	PART 2 OTHER SIGN	IFICANT CONDITION	(c) ONS <u>CONT</u> I	RIBUTING TO D	EATH BUT			DITIONICIN	/EN IN PART 1	
y in T	TIO	10- DATE OF OPERAT	ION III	CONDITIO	A FOR WHICH	OPERATIO					
The law rection. e has been sit permit. The green prior that hows any in	RTIFICATION	190 DATE OF OPERAT	-1			OPERATIO	n was performed	200 AUTOPSY? YES NO	20b. IF YES	S, WERE FINDIP FYING CAUSES	NGS USED
he lo	CAL CERTIFICATION	19a DATE OF OPERAT 21a, ACCIDENT WAS UND OR CONTRIBUTING C (16 EITHER NOTIFY MEDIC	ERLYING 21b AUSE OF DEATH	TIME OF IN		211		200 AUTOPSY? YES NO	20b. IF YES	S, WERE FINDIP FYING CAUSES	NGS USED OF DEATH?
HYSICIAN: The indung physician are certificate has buriol-transit per JAmentol Hygiene or frem 18 shows	MEDICAL CERTIFICATION	21a. ACCIDENT WAS UND	ERLYING 21b AUSE OF DEATH AL EXAMINER) ED 21e	TIME OF INDUR A.M. P.M. PLACE OF II	JURY MONTH DA	Y YEAR	n was performed	200 AUTOPSY? YES NO	20b. IF YES IN CERTIF YE	S, WERE FINDIP FYING CAUSES	NGS USED OF DEATH?
YSICIAN: The iding physicion. s certificate has purial-transit per Mental Hygiene in them 18 shows		21g. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRI	ERLYING 21b AUSE OF DEATH AL EXAMINER) LE LE ATTION This hospital offer	TIME OF INDUR A.M. P.M. PLACE OF II	JURY MONTH DA NJURY ACTORY, OFFICE, FA	Y YEAR 19 ARM. ETC)	N WAS PERFORMED	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJU	20b. IF YES IN CERTIF YE RY IN ITEM 18 P	5, WERE FINDIN YING CAUSES (S	NGS USED OF DEATH? NO
HYSICIAN: The indung physician are certificate has buriol-transit per JAmentol Hygiene or frem 18 shows		21a. ACCIDENT WAS UND OR CONTRIBUTING CO. CO. (IF EITHER NOTIFY MEDIC 21d. INJURY OCCURR WHILE NOT WHAT WORK NOT WHAT AT WORK 14 WOR 220.1 certify that (1)	ERIYING 21b HC AUSE OF DEATH HC ALEXAMINER) ED 21e (AT P) This hospital offer	TIME OF INDUR A.M. P.M. PLACE OF III	JURY MONTH DA NJURY ACTORY, OFFICE, FA	Y YEAR 19	N WAS PERFORMED 21c. HOW INJURY OCCUR! 21f. LOCATION STREET	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJU	20b. IF YES IN CERTIF YE RY IN ITEM 18 P	S, WERE FINDING CAUSES S PART I OR PART 2) COUNTY	NGS USED OF DEATH? NO STATE
HYSICIAN: The indung physician are certificate has buriol-transit per JAmentol Hygiene or frem 18 shows		21a. ACCIDENT WAS UND OR CONTRIBUTING CO. CO. (IF EITHER NOTIFY MEDIC 21d. INJURY OCCURR WHILE NOT WHAT WORK NOT WHAT AT WORK 14 WOR 220.1 certify that (1)	ERLYING 21b AUSE OF DEATH AL EXAMINER) LE LE ATTION This hospital offer	TIME OF INDUR A.M. P.M. PLACE OF III	JURY MONTH DA NJURY ACTORY, OFFICE, FA	Y YEAR 19 ARM.ETC) MAY , or	N WAS PERFORMED 21c. HOW INJURY OCCURI 21f LOCATION STREET	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJU	20b. IF YES IN CERTIF YE RY IN ITEM 18 P	S, WERE FINDING CAUSES S PART I OR PART 2) COUNTY	NGS USED OF DEATH? NO STATE that (1) well couses stated
to R ATTENDING PHYSICIAN: The in the hospital or ottending physician. L DIRECTOR, After this certificate hos stocked for use os the buriol-transit per tocked for use os the buriol-transit per e Dept. of Health and Mental Hygiene. If Hem 21 is marked or Hem 18 shows		21a. ACCIDENT WAS UND OR CONTRIBUTING CO (IF EITHER NOTHS MEDIC 21d. IN JURY OCCURR WHILE NOT WHAT WORK 22a. Lecrify that (1) sow the decease obove (1) 2 well of	ERIYING 21b HC AUSE OF DEATH HC ALEXAMINER) ED 21e (AT P) This hospital offer	TIME OF INDUR A.M. P.M. PLACE OF III	JURY MONTH DA NJURY ACTORY, OFFICE, FA	Y YEAR 19 ARM.ETC) MAY 9 , or	211. HOW INJURY OCCURI	200. AUTOPSY? YES NO CITY OR TO CITY OR TO death occurred on the d	20b. IF YES IN CERTIFY YE RY IN ITEM IS F	COUNTY 19 276. DATE	NGS USED OF DEATH? NO STATE that (I) well couses stated SIGNED
OSPITAL OR ATTENDING PHYSICIAN: The lo ed by the hospital or ottending physician. UNERAL DIRECTOR, After this certificate hos d be detached for use os, the buriol-transit per the State Dept. of Health and Mental Hygiene RTANT: If them 21 is marked or them 18 shows		21a. ACCIDENT WAS UND OR CONTRIBUTING CHETTHER NOTIFY MEDIC 21d. INJURY OCCURR WHILE NOT WHAT WOR 22a. I certify that (1) sow the decease obove (1) west of 22b. SIGNATURE	ERITING 21b HC ALEXAMINER) ED 21e (AT P This hospital offer eldivious on additional view the	TIME OF INDUR A.M. P.M. PLACE OF III	JURY MONTH DA NJURY ACTORY, OFFICE, FA	Y YEAR 19 ARM.ETC) MAY 9 , or	211. HOW INJURY OCCURI	200. AUTOPSY? YES NO RED (ENTER NATURE OF INJU CITY OR TO to JULY death occurred on the d	20b. IF YES IN CERTIFY YE RY IN ITEM IS F	COUNTY 19 276. DATE	NGS USED OF DEATH? NO STATE
ITAL OR ATTENDING PHYSICIAN: The ic by the hospital or ottending physician. SRAL DIRECTOR, After this certificate hos eletached for use as the buriol-transit per state Dept. of Health and Mental Hygiene NT: If Item 21 is marked or Item 18 shows	MEDICAL	210. ACCIDENT WAS UND OR CONTRIBUTING CO. (IF EITHER NOTHY MEDIC 21d. INJURY OCCURR WHIE NOT WHAT AT WORK 270. I certify that (I) Sow the decease obove (I) DWETO 270. SIGNATURE 271 PHYSICIAN'S NA URIAL, CREMATION.	ERITING 21b AUSE OF DEATH AL EXAMINER) ED 21e (AT P) This hospital offer delive on delive the CALL THE COPPER ME (TYPE OPPER)	PLACE OF IN OME STREET FOR THE BODY OF T	JURY MONTH DA NJURY ACTORY, OFFICE, FA ceosed from 7 deoth.	Y YEAR 19 ARM.ETC)	211. HOW INJURY OCCURION SIREET 19 19 10 d that in (my) (opinion DEGREE ATTENDING PHYSICIAN [22e ADDRESS	ZOO. AUTOPSY? YES NO CITY OR TO CITY OR TO TO TOUT death occurred on the d MEDICAL STA DIRECTOR PHYSIC HOS PITAL Z34. LOCATION	20b. IF YES IN CERTIFY YE RY IN ITEM IS F	COUNTY 19 27. DATE	NGS USED OF DEATH? NO STATE that (I) well couses stated SIGNED 23-87
OSPITAL OR ATTENDING PHYSICIAN: The lo ed by the hospital or ottending physician. UNERAL DIRECTOR, After this certificate hos d be detached for use os, the buriol-transit per the State Dept. of Health and Mental Hygiene RTANT: If them 21 is marked or them 18 shows	MEDICAL	210. ACCIDENT WAS UND OR CONTRIBUTING CO (IF EITHER NOTHY MEDIC 21d. IN JURY OCCURR WHILE NOT WHAT HORR 220. L certify that (1) Sow the decease obove (1) 200 100 22b. SIGNATURE 276 PHYSICIAN'S NA	ERLYING 21b HC AUSE OF DEATH AL EXAMINER) ED 21e (AT) A	PLACE OF IN OME STREET FOR THE BODY OF T	JURY MONTH DA NJURY ACTORY, OFFICE, FA ceosed from	Y YEAR 19 ARM.ETC) MAY 90, or	21c. HOW INJURY OCCURI 21f LOCATION STREET 19 87 19 87 10 d that in (my) (opinion DEGREE ATTENDING PHYSICIAN [22e ADDRESS HURCH	200. AUTOPSY? YES NO RED (ENTER NATURE OF INJU CITY OR TO . 10 JUY deoth occurred on the d MEDICAL STA DIRECTOR PHYSIC 23d. LOCATION CITY OR TOWN	20b. IF YES IN CERTIFY YE IN ITEM IS FOR IN ITEM IS	COUNTY 19 276. DATE	NGS USED OF DEATH? NO STATE that (I) well couses stated SIGNED

DHMH - 16 60M 7/84 (VRA 15, 4)

THE REPORT OF THE PARTY OF THE

THE RESERVE CONTRACTOR STATES AND RESERVE

E	0	-		6	12.00	FOR STATE
U	3	N	U			REGISTR
						I DECEASED N

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

	REG. NO.		7	0	0	1
1	20 DATE OF DEATH	ONTH	DAY	YEAR	26 HOL	JR
	Jı	ılv.	11	1987	1:15	5 A
	6 AGE LIN YEARS LAST BIRTH		IF UN	DER TYEAR	IF UNDER	24 HRS
	57	YRS	MONT	HS DAYS	HOURS	MIN,
	A BALTIMORE CITY OR	COLINI	TYOU	DEATH		

126 KIND OF BUSINESS OR INDUSTRY
Home Improv.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Unkonwn

STATE

YPE OR PRINT)							10 01112 01 021	2.		LO HOOK
THE OR PRINTS	Ray	mond Ra	andolph		Hoove	r	199	Julv	11 1987	1:15 /
SEX		4 RACE	-	5. DATE C			6 AGE IN YEARS	AST BIRTHDAY)	IF UNDER TYEAR	IF UNDER 24 H
Mal	е	Wh:	ite	MONTH	29	1929	57	YRS	MONTHS DAYS	HOURS M
BIRTHPLACE STATE OR F	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	NEVE	R MARRIED X	9 BALTIMORE	ITY OR COUN	TY OF DEATH	
Maryland		U.S	5.A.	WIDOWE		DIVORCED	Baltimo	re, Cit	ty	
CITY OR TOWN OF DEA	TH		OSPITAL, NURSIN		R OTHER IN	ISTITUTION	120 USUAL OCC	UPATION	126 KIND C	OF BUSINESS
Baltimore		Mary	land Gene	eral h	lospit	al	Tile Se			Improv
SUAL RESIDENCE HENURS 6. STATE Maryland	13b COUL		GIVE RESIDENCE BEFORE 13c CITY OR TOWN Baltimor	N	13d INSIDE	CITY LIMITS?	13e STREET ADDI 808 St.	≀ESS / ZIP CO Paul S	treet/21	1202
FATHER'S NAME		127			15. MOTHE	R'S MAIDEN NA				
Russell		MIDDLE	Hoover		E	dith	Pear	rl	You	ing
WAS DECEASED EVER			166 SOCIAL SECU	RITY NO.	17 INFOR	MANT		ADDRESS	Balto	o., Md.
Yes, no or unknown)	Viet	ve war or dates)	222/24/5	367	Anna	J. Fitz	gerald 3	225 Kes		
18 CAUSE OF DEAT PART I. DEATH W	AS CALISE	D BY.	line far (a), (b), and Cardiac		t				BETWEEN	konwn
Conditions, if ony, gave rise to impressed (a), stating underlying couse	nediate g the)	R AS A CONSEQUE R AS A CONSEQUE		ne Thy	roid				
PART 2 OTHER SIGN	JIEIC ANT	CONDITIONS	NTRIBUTING TO F	FATH BUT	NOT RELAT	ED TO THE TERM	INAL DISEASE OF	CONDITION	SIVENLINI DART 1	10

IVEN IN PART 11a

196 DATE OF OPERATION	198 CONDITION FOR WHICH OPERATIO	IN WAS PERFORMED
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c HOW INJURY OCCUR
21d. INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION

MIDDLE

FIRST

	ZUG AUTC	PST:	IN CERTIFYING CAUS	SES OF DEATH?
	YES 🗌		YES 🗌	NO 🗆
REC	ENTER NA	TURE OF INJUR	Y IN ITEM TO PART I OR PART	2)

DR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DAY YE	AR 9	ED TENTER NATURE OF INJUNT IN HEM I	o PARTI OR PART 23
	21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE, FARM, ETC.	21f LOCATION STREET	CITY OR TOWN	COUNTY

220.	I certify that (X (this hospital) oftended the deceased is sow the deceased alive on July 11 above, (X (we) (did) (did not) view the body ofter death.	19 8	July 9	in (my) (aur) ap	87 Hinian dea	, to JULY th occurred on the	dote and hour	9_87_, that X and from the couses s	(we) l stated
	SIGNATURE		DEGRE					22, DATE SIGNED	

Hury	Manucom	For D'Mator	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN
224 PHYSICIAN'S NAME IN	OF OR PRINTS	22e ADDS	DESS

HENRY NAMMOUR C/o Maryland General Hospital

230 BURIAL, CREMATION, REMOVAL			23d LOCATION
(SPECIFY) Cremation	7/13/1987	Green Mount Crematory	Baltim

Green Mount Crematory | Baltimore, Maryland 21202

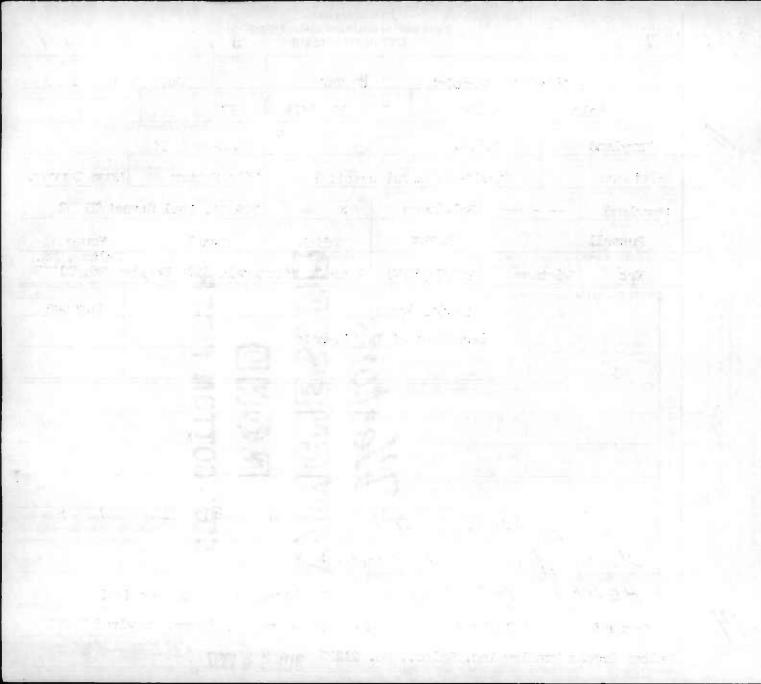
24 FUNERAL DIRECTOR Walter Brooks Bradley Inc. Balto., Md. 21222 RAR 256 REGISTRAR'S STENIATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

CERTIFICATION

MEDICAL

TO FUNERAL DIRECTO should be detached fo with the State Dept of



07/84 25M

BP **DHMH - 17**

(VR A15 ME (5))

CALHOUN ST. BALTO, MO. 212

KING MEMORIAL

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

STATE OF MARYLAND

FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENS 7 REG. NO. 9 6 8 9
1 DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH DAY YEAR 26 HOUR
ELSIE	MAE	HORN	7 11 87 7:20F
3. SEX 4	RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HR
FEMALE	WHITE	MONTH DAY YEAR 4 24 22	65 YRS MONTHS DATS HOURS MIN
To BIRTHPLACE (STATE OR FOREIGN TO COUNTRY)	b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH
Maryland	U.S.A.	WIDOWED X DIVORCED	- D-11-i
10 CITY OR TOWN OF DEATH 1 Baltimore	1. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET St. Agnes Hosp	NG HOME OR OTHER INSTITUTION ADDRESS)	126 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE) Private Duty Nursing Care
USUAL RESIDENCE IF NURSING HOME OR O 130. STATE 136. COUNT Maryland		N 134. INSIDE CITY LIMITS	ival birig
14. FATHER'S NAME	IDDLE LAST	15 MOTHER'S MAIDEN	
Harry	T. Adam	s Marv	E. Riley
160 WAS DECEASED EVER IN U.S. ARM		JRITY NO. 17 INFORMANT	ADDRESS
NO (IF YES GIVE	WAR OR DATES) 213-20-	7210 Mary C. G.	lensky 4164 MacDowell Lane 2122
	DUE TO, OR AS A CONSEQUE (c)		TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO NO
	216. TIME OF INJURY HOUR A.M. MONTH D P.M.	AY YEAR 19	CURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 214 INJURY OCCURRED WHILE NOTIFY WORK AT WORK AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE	FARM ETC) 211 LOCATION STREET	CITY OR TOWN COUNTY STATE
220. I certify that (1) (this hospite saw the deceased alive on above, (1) (we) (did) (did not) (22b. SIGNATURE	19		nion death occurred on the date and hour and from the causes stated NG MEDICAL STAFF NO MEDICAL STAFF
224 DHIVE ICIANI'S NIAAF	1	PHYSICIA 22e ADDRESS	AN DIRECTOR PHYSICIAN
22d. PHYSICIAN'S NAME (TYPE OR	PRINT)		nes Hospital
230 BURIAL, CREMATION, REMOVAL	23b DATE 23c	NAME OF CEMETERY OR CREMATO	DRY 23d LOCATION CITYORTOWN COUNTY STATE

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

should be detached for use as the burial-transit permit. with the State Dept. of Health and Mental Hygiene pria TO FUNERAL DIRECTOR: After this certificate has b

IMPORTANT: If Hem 21 is

TO HOSPITAL OR ATTENDING PHYSICIAN. The

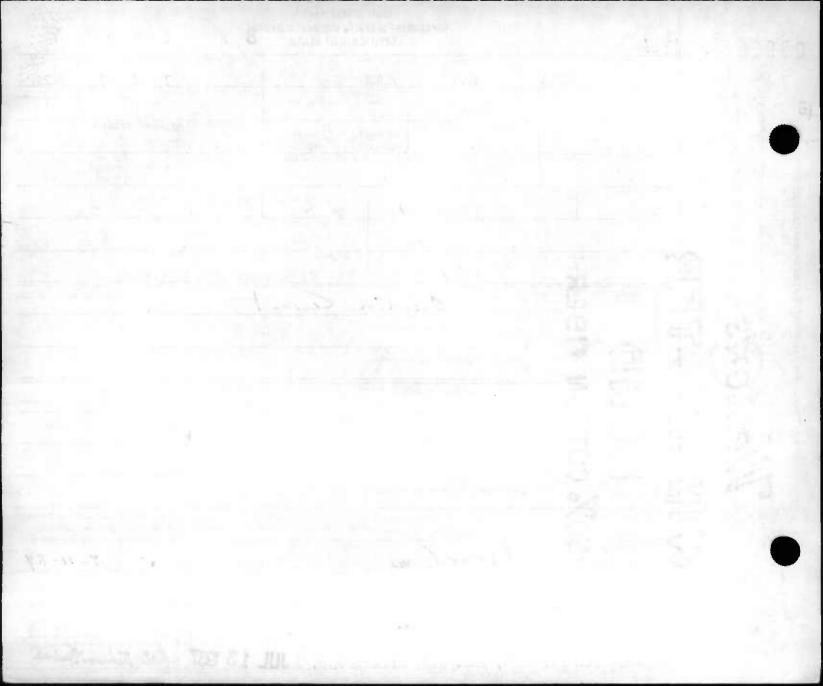
Burial 7/16/87 Loudon Park Maus.

PADDRESS 21229
Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

Baltimore Maryland

1250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE

JUL 13 1987 Julia Davidan Rudees



injury, or other troumatic event,

IMPORTANT: If Item 21 is marked or Item 18 shows any

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

neg		D	1.	(C)	-
	REG. NO.	7	0	1	0
				-	_

J	REGISTRAR		CERTIFICA	IE OF DEATH	O / REG. N	10.	0 /	0	
1	10 CEASED NAME FIRST	WIDDLE	LAST	100	20 DATE OF DEATH		Y YEAR	26 HOUR A	
1	(JYRE OR PRINT) ERIC	XXX Neal	HORS	T	JULY 08	3. 198	7 ,	12:36	
ſ	3. SEX	4 RACE	S. DATE OF BI		6 AGE (IN YEARS LAST BI		UNDER 1 YEAR	IF UNDER 24 HRS	
I	Male	White	Aug.	29, 1960°	26	YRS	NIHS DAYS	HOURS MIN.	
F	76 BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8.	NEVER MARRIED XX	9 BALTIMORE CITY		FDEATH		
	Maryland	U.S.A.	WIDOWED [BALTI	MORE (CITY	MD.	
Ī	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		THER INSTITUTION	120 USUAL OCCUPAT			F BUSINESS OR	
	BALTIMORE	THE JOHNS HOP		COTENT	Graphic A	rtist	E Lec	tronics	
t	USUAL RESIDENCE (IF NURSING HOME OF	R OTHER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION)						
	Maryland Fre	derick 13a city or tow		INSIDE CITY LIMITS?	13e.STREET ADDRESS 7214 Bowe		2170	1	
1	14. FATHER'S NAME		15.	MOTHER'S MAIDEN NA	ME	-			
J	Aaron K	. Horst		Gloria	MIDDLE		Spech	t	
1	160. WAS DECEASED EVER IN U.S. AR		RITY NO. 17	INFORMANT	Aaron K. ADDR	ESS t			
1	(YES, NO OR UNKNOWN) (IF YES, GIV	ne 219-66-3	748	7214 Bowers	Rd., Frede	rick, N	ld. 21	701	
Ī	18 CAUSE OF DEATH (Enter of	nly one couse per line for (a), (b), and					BETWEEN	MATE INTERVAL DISET AND DEATH	
1		PART I. DEATH WAS CAUSED BY: Cardiac arrist							
ı									
1	Conditions, if ony, which (b) Hyper Kallmia						3	hours	
1	gove rise to immediate couse (a), stating the	gove rise to immediate couse (a), stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF Renal Failure 2 Weeke							
ı	underlying couse lost.	couse (01, storing the underlying couse lost. (c) DUE TO, OR AS A CONSEQUENCE OF Renal Failure 2 weeks						weeks	
1		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110							
	190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING			3000					
1	S 190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION W	AS PERFORMED	200 AUTOPSY?		WERE FINDIN		
1	E				YES NO	YES		NO D	
1	210. ACCIDENT WAS UNDERLYING		V VEAR 21	HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	JRY IN ITEM 18 PART	1 OR PART 2)		
1	OR CONTRIBUTING CAUSE OF DE	AID	19						
1	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED	21e. PLACE OF INJURY		LOCATION	CITY OR TO	OWN.	COUNTY	STATE	
1	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, F.	ARM, ETC.)	SINCE	CITONIC			31416	
1	220 I certify that (1) this hosp	ital) attended the deceased from	412	19 97	, to7/	8 19	87	thoy (We) lost	
1	sow the deceased alive or	7/8 19	37 ond th	ot in (my)(our) opinion (death occurred on the d	ote and hour o	nd from the	couses stated	
1	12h SIGNATURE	P 11	DEG		A 7 00 P.		22c. DATE	SIGNED	
1	Catricia	A Lan	W	MATTENDING E	MEDICAL STA	CIAN X	7/	8/87	
1	226. PHYSICIAN'S NAME (TYPE	. /		ADDRESS	1.16.11	2.4	1	0.1	
	PATRICIA	+ GARVER		600 N. U	101te St.	Bal	r. N	1d 21205	
1	230 BURIAL, CREMATION, REMOVAL			TERY OR CREMATORY	23d LOCATION		COUNTY	STATE	
	(SPECIFY) Burial			vet Cemetery	y Frederic	k, Fred	erick	, Md.	
	24 FUNERAL DIRECTOR Smith				FRECID. BY RECEIVAN	THE STATE OF THE	PERCHA		
	106 East Church	St., Frederick, A	dd. 217)1	C A T WOT	1		CI CI	

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	1/804 , 85 .			
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estimated to the relieve				
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., 201		8415=11=011		
		Variation of		
13756 - X				
			1	
The state of the s			after, mente	

059267 JAL 1 FOR TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director. page 3 should be detached for use as the burial-tronsit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled within 72 hours after death with the State Dept; of Health and Mental Hygiene prior to burial, cremation, ar removal. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician. at suce IMPORTANT: If Hem 21 is marked or Item 18 shows any injury, or other traumatic event, the

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL H	YGIENE
CERTIFICATE OF DEATH	

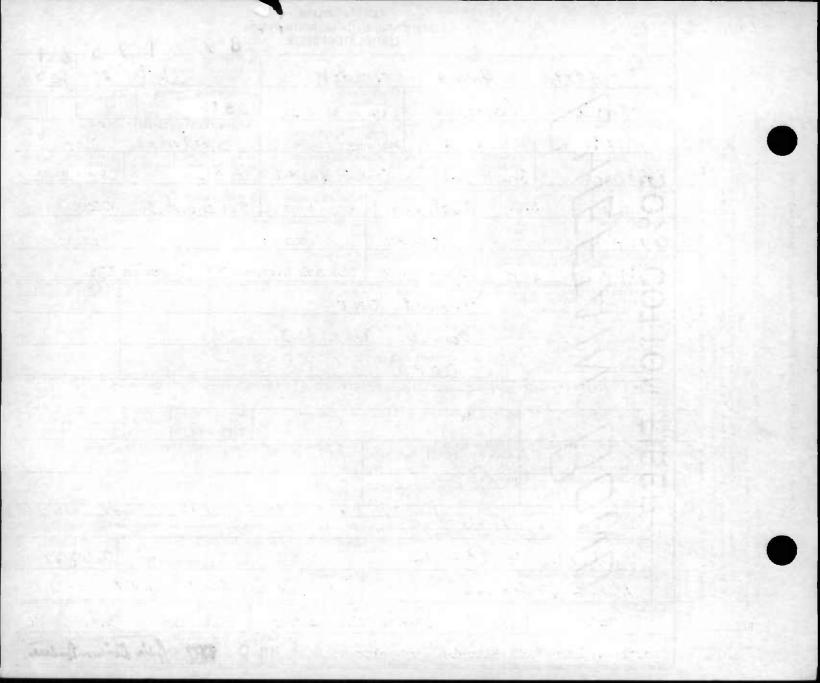
	REGISTRAR		(ERTIF	ICATE OF DEATH	8 /REG. NO	1 (0 4	0 1	
	CEASED NAME , FIRST		AIDDLE	. 1	AST	2a DATE OF DEATH	MONTH DA	YEAR	26 HOUR	
(TYPI	Agnes	An	INA	No	nudell	J	ily 6	87	836 PM	
3 SE	X	4 RACE	5.	DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRT		FUNDER I YEAR	IF UNDER 24 HRS	
	FFMale	lave	asian	08		65	YRS		Mark.	
	IRTHPLACE I STATE OR FOREIGN		WHAT COUNTRY? 8.	MADDIE	D NEVER MARRIED	9 BALTIMORE CITY O	COUNTY	OF DEATH		
	Maryland	U.	CIA	IDOWE	D CONTRACTOR CONTRACTOR	Balto	more	Cit	Y MD.	
10 C	ITY OR TOWN OF DEATH				OR OTHER INSTITUTION	12a USUAL OCCUPATION			BUSINESS OR	
B	altimore/	South	Baetimae	Gem	enal Hospital	Assembler	WORKING LIFE)		Binding	
100	AL RESIDENCE (IF NURSING HOME OF		131. CITY OR TOWN	AISSION)		13e.STREET ADDRESS /				
17	EN Missings	1.A.	Baltima		YES MO 🔀	501 Churs	LJE.	21225	,	
14. F/	ATHER'S NAME PRST	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	ME		LAST		
	John		Youngba	r	Bertha		1.16	Yank	er	
	WAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECURIT		17. INFORMANT	ADDRE	55			
	YES, NO PRUNKNOWN) (IF YES, GIV	1	216-12-36	45	Michael Hou	idek 3rd S	ame as	: 13e		
	18 CAUSE OF DEATH (Enter or	nly ane cause per	line lar (a), (b), and ic	1,1				APPROXIM BETWEEN O	MATE INTERVAL	
13	PART I. DEATH WAS CAUSE	D BY: TE CAUSE (a)	Terminal	C	HF			100		
			AS A CONSEQUENC	F OF						
	Conditions, if ony, which	(b)_	Posseb Ex	6	Cute M.I.					
	gave rise to immediate cause (a), stating the	DUE TO OF	AS A_CONSEQUENC							
	underlying cause last	((c)	C.O.P.D	^						
15	PART 2 OTHER SIGNIFICANT	ONDITIONS CO	INTRIBUTING TO DEA	TH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONE	OITION GIVE	N IN PART 11a		
CERTIFICATION	BUT AND THE REAL PROPERTY.									
CAT	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH OP	ERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDIN		
TIF						YES NO	YES	IFYING CAUSES OF DEATH?		
CER	210. ACCIDENT WAS UNDERLYING	110110 4	FINJURY M. MONTH DAY	VEAD	216 HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PAR	T 1 OR PART ?)		
AL	OR CONTRIBUTING CAUSE OF DE.	ALIE .		19						
MEDICAL	21d. INJURY OCCURRED	21e. PLACE (OF INJURY		211 LOCATION	CITY OR TO		COUNTY	STATE	
×	WHILE NOT WHILE	(AT HOME, STR	EET, FACTORY, OFFICE, FARM	ETC)	ZIKEEL	0	114	2001411	STATE	
	22a. I certify that (I) (this hasp	tal) attended the	deceased fram_7	1	06 1987		. 14	957	hat (I) (we) lost	
	saw the deceased alive an	1/0	6 1987	, or	nd that in (my) (aur) apinion o	death accurred on the da	te and have o	and Iram the c	auses stated	
	above, (1) (we) (did) (did no 22b. SIGNATURE	it) view the body	otter death.		DEGREE			22c. DATE S	IGNED	
	81. hickolas	9. (Bramolos		ATTENDING PHYSICIAN	MEDICAL STAF	F IAN (G)	July ?	1.87	
	224. PHYSICIAN'S NAME (TYPE C	OR PRINT)			22e ADDRESS				NV.	
	Nocholos J.	Mamo	la		Jour Balton	nae General d	Leop. Fr	P		
	BURIAL, CREMATION, REMOVAL	23b DATE			EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE_	
	burlar	7/9/8	/ Ced	ar l	Hill Cemetery	Baltimor		A.A.	"Md	
24 6	LINICO AL DIDECTOR				25- DATI	DEC'D BY DEC ICTDAD	164 DEPENDENT	CHARLE LOS LATE	IDC	

DHMH - 16 60M 7/84 (VRA 15, 4)

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George J. Gonce 4001 Ritchie Hgwy Balto Md

187 Julia Diordon Renders 9



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME KNOWN 7b HOUR X TTYPE OR PRINTI OF ESTI-MEGUED WITHIN 24 HOURS AFTER DEATH, IF ANY DELAY IS NECESSARY, PLEASE OF THE PENCIL IN ITEM 18, GIVE PAGES 1, 2, AND 3 TO THE FUNERAL DIRECTION.

IN AMINISTRUM WITH FORM PM 3, RETAIN PAGE 5 FOR YOUR FILES.
BEIGHAL - TRANSIT PERMIT, PAGES 1 AND 2 SHOULD BE FILED, WITHIN 72 HOURS AND WITHIN ALL PAGES 1 AND 2 SHOULD BE FILED, WITHIN 72 HOURS AND WITHIN ALL PAGES 10 W PRESTON STREET, AND 10 OF REMOVAL. DEATH MATED Channie Howard 8/ 87 19 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS. DATE PRONOUNCED DEAD P 8/ 1987 9. BALTIMORE CITY OR COUNTY OF DEATH WIDOWED Baltimore City 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120, USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) Baltimre University Hospital SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE CITY LIMITS? 14. FATHER'S NAME MIDDLE FIRST ames 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 618 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Subdural Hematoma CIMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION Chronic Ethanolism EXECUTE THE CERTIFICATE, WRITING THE WIGRED PAGE 4 SHOULD BE FORWARDED TO THE CHIEFY TO FUNEXAL DIRECTOR, PAGE 3 SHOULD BE USED, ATTER DEATH WITH THE STATE DEPARTABLY OF HE BALLIMORE, MARYLAND, 21201 PRICK TO BUSINAL, (190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES IN NO 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING XOR
CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR 6/ 1987 subject fell down stairs 21e PLACE OF INJURY TATHOME 21f. LOCATION 21d. INJURY OCCURRED AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) Stricker St., Balto. City, Md. home Inspection X 22a I certify that Took charge of the remains described above, held on Autopsy and in my opinion death resulted from: Homicide Undetermined manner Natural causes TITLE (SPECIEY) 7/9/87 Assistant EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn St. (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d, LOCATION

07/B4 25M

DHMH - 17 (VR A15 ME (5))

BP

24 FUNERAL DIRECTOR

256 REGISTIRAR'S SIGNATU

Appearance of the state of the

= STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 20. DATE KNOWN 33 OF ESTI-E FUNERAL DIRECTOR. E 5 FOR YOUR FILES. ED, WITHIN 72 HOURS WE PRESTON STREET. WILLIAM WILLIE DEATH MATED HOWELL 14 19 IF UNDER 1 YR. 3. SEX 4. RACE DATE OF BIRTH AGE (IN YEARS IF UNDER 24 HRS 24. DATE MONTH LAST BIRTHDAY) DAY YEAR PRONOUNCED Bluck DEAD 5 14 19 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED MARRIED DIVORCED 2, AND 3 TO THE FU 3. RETAIN PAGE 5 SHOULD BE FILED, ARRECORDS, 201 W OR TOWN OF DEATH 126 KIND OF BUSINESS 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Baltimore Medical ISUAL RESIDENCE HE IN MURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13e. STATE 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS HUONdale VI av VIan 14. FATHER'S NAME J 24 HOURS AFTER CO. 1, 2 I ITEM 18. GIVE PAGES 1, 2 ALONG WITH FORM PM 3 IIT PERMIT. PAGES 1 AND 2 IYGIENE, DIVISION OF WITA 15. MOTHER'S MAIDEN NAME EIRST MIDDLE MIDDLE UNIC 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 7 INFORMAN (YES, NO, OR UNKNOWN) Jerr 220-18-8600 No IN PENCIL IN INC. E EXAMINER ALONG WIT FIRAL: TRANSIT PERMIT. P ND MENTAL HYGIENE, DIN TION, OR REMOVAL. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Acute myocardial infarction IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF UTED WITHI Conditions, if ony, which gove rise to immediate 201 W. couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF MEDICAL EXAMINATES AS A BURIAL - LEALTH AND MEI lying couse lost. DIVISION OF VITAL RECORDS, HOULD BE EXEC S CERTIFICATE SHOULD BE EXEN RITING THE WORD. "PENDING RDED TO THE CHIEF MEDICAL SE 3 SHOULD BE USED AS A BI TE DEPARTMENT OF HEALTH A TE DEPARTMENT OF HEALTH A PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19e. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES . 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH P.M TO MEDICAL EXAMINER: THIS CERTIF EXECUTE THE CERTIFICATE, WRITING 1 PAGE 4 SHOULD BE PORWARDED TO TO FUNERAL DIRECTOR: PAGE 3 SHO AFTER DEATH, WITH THE STATE DEPAR BALIJIMORE, MARYLAND, 21201 PRIO 214 INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY Inquiry X 22a. I certify that I took charge of the remains described above, held on Autopsy Inspection and in my opinion death resulted from Natural causes Suicide Homicide Undetermined manner TITLE (SPECIFY) DATE Assistant 7-16-87 SIGNED EXAMINER'S NAME M.D Mario Penn St., Balto., 21201 (TYPE OR PRINT) ADDRESS.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

07/84 25M

DHMH - 17

BP

(VR A15 ME (5))

230 BURIAL, CREMATION, REMOVAL

VIEW

23c. NAME OF CEMETERY OR CREMATORY

23d LOCATION

COUNT STATE

26 HOUR

2d HOUR

8:25

NO W

STATE

87

87

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE when Desider

oth certificate be executed within 24 hours ofter death. Page 4 may be

traumotic event, the medical

5	STATE	OF I	MARY	LAND
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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REG. NO.		0		

	1107	RÉGISTRAR			CERTIF	ICAIE OF DEATH	O / REG. N	id. 7	, ,	
П		CEASED NAME FIRST	ROBERT /	AIDDLE	1	AST HUBER	20 DATE OF DEATH	MONTH DAY	YEAR 2b	HOUR
	/	16	bent		1-1	UBER		7/10	187	15 15 D.M
Λ	3. SE		4. RACE		5. DATE C		6. AGE (IN YEARS LAST BE	RTHDAY) IF UN		UNDER 2 HRS
		Male	Whi	te	Apri	11 23, 1903	84	YRS.	15. DAYS HO	DURS W MIN.
19		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY	Y? 8.	D NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY OF	DEATH	
		Switzerland	U.S	.A.	WIDOWE		13 alti.	more C	1/4	MD.
6	10. CI	TY OR TOWN OF DEATH		OSPITAL, NURS		OR OTHER INSTITUTION	12a USUAL OCCUPAT		L KIND OF BI	USINESS OR
1	13	altinoricita	North	Charles	Genera	al Hospital	Self emplo			ker
1	USUA 13a S	AL RESIDENCE (IF NURSING HOSTATE 136 CO	E OR OTHER INSTITUTION,	GIVE RESIDENCE BEF		1136 INSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZID CODE		
0		Maryland -	201111	Baltimo		YES X NO	331 W.	27th St.		21211
	14 FA	THER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME MIDDLE		LAST	
		John	MIDDLE	Hul	per	Unknown	MIDDLE	1	Unknow	n
į.	16a V	AS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SE	CURITY NO.	17 INFORMANT	ADDR	ESS Baldw:	in,Md.	
	1	VAS DECEASED EVER IN U.S. (45 NO OR UNKNOWN) (IF YES	, GIVE WAR ON DATES)	195-07-	-2905	Robert J. Hu	ber -10 Man	cmaduke (Ct. 210	013
		18 CAUSE OF DEATH (Ente	r only one couse per	line for (a), (b),	ond (c).1	0	1. /	, L	APPROXIMAT	E INTERVAL
		PART I. DEATH WAS CA	USED BY: DIATE CAUSE (a)	Ins	-14	s natives!	tic Leu	Kenia		
			DUE TO, OI	A A CONSEC	UENCE OF	1 / 1				
		Conditions, if ony, which	((b)	V	nei	Imma				
		gove rise to immediate couse (a), stating the		R AS A CONSE	UENCE OF					
		underlying couse lost	((c)	1					1	
-	7	PART 2 OTHER SIGNIFICAL	NT CONDITIONS CO	NTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN	PART 110	
	CERTIFICATION									
1	ICA	190 DATE OF OPERATION	196. CONDI	TION FOR WHIC	CH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WE IN CERTIFYING		
4	RTI					The transmission of the	YES NO	YES 🗌		40
2		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	U	M. MONTH	DAY YEAR	21¢ HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	IRY IN ITEM IS PART I	OR PART 2)	
7	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAM			19	AN ARCATION				
	MED	21d. INJURY OCCURRED	(AT HOME, STR	DE INJURY EET, FACTORY, OFFIC	E, FARM, ETC)	211 LOCATION STREET	CITY OR TO	yhn c	OUNTY	STATE
		AT WORK				1)	7 7/	10	87	/_
		22a I certify that (I) (this has sow the deceased prive		deceased from	001	nd that in (my) (our) opinion of	death occurred on the d	late and hour and	from the cou	(I) (we) lost
		obove, (Mwe) (dia) (dia)	not) view the body	after death.	0	DEGREE	acom occorred on me o		27c. DATE SIG	
		04	de 1	-		ATTENDING	MEDICAL STA	FF X	2/1	160
-		22d PHYSICIAN'S NAME (T	(PE OR PRINT)	un	n	PHYSICIAN [DIRECTOR PHYSI	CIANL	///	18/
		Ad a	7	6 .	n. n	K L	111. 1.	GEN	1.1.	1
-	22 2	IVAR COS		C//4	, ru .	NYNTU	100 M	GUN.	14 03	1.101
		BURIAL, CREMATION, REMO	7-13-			EMETERY OR CREMATORY	23d LOCATION	A COI	NTY	STATE
		JNERAL DIRECTOR	/-13=	57		ross Cemetery York Rd. 1250 DATE		n, Anne A		
	24 FL	Ruck Towson F	uneral Ha	ADDRESS	Tours	Md 21204	E REC D. BT REGISTRAN	230. REGISTRAR"	SSIGNATURE	
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DHMH - 16 60M 7/B4

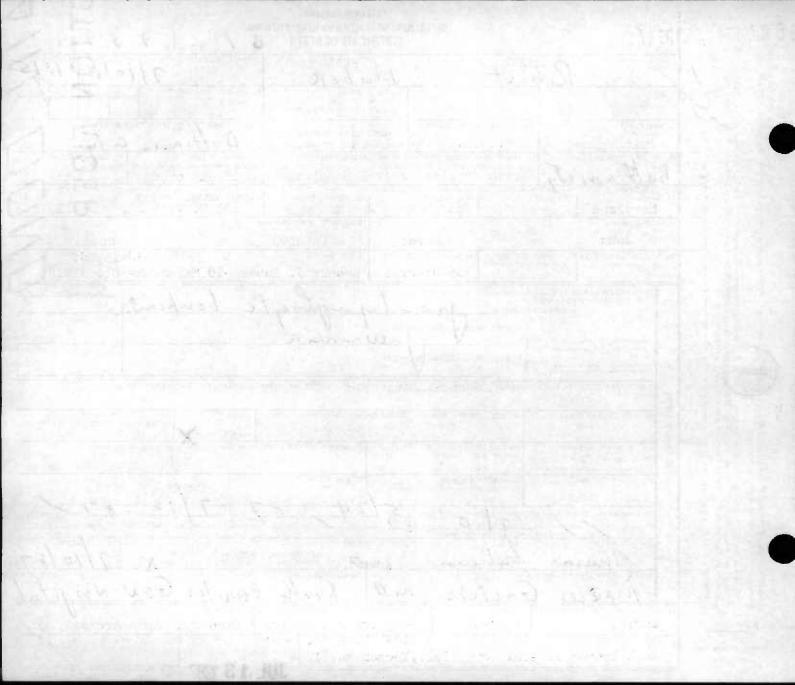
TO FUNERAL DIRECTOR. After this certificate has been in shauld be detached to: use as the bursal-transit permit. The with the State Dept. at Health and Maintal Hyganic prior to:

MPORTANT, If hem 21 is marked or them 18 up

ATTENDING PHYSICIAN, The

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(VRA 15, 4)



1 - STATE

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must be notified at once.

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

CE	RT	IFI	CA	TE	OF	DEATH	

-1		1 :	0	4	a
4	REG. NO.	1	1	0	1

1 - STATE		DEPARI		EALTH AND MENTAL HYG ICATE OF DEATH	8 7 REG. N	0. 9	6 9	3 5
T. DECEASED NAME	FIRST	WIDDLE	Ĺ	AST	20 DATE OF DEATH	MONTH DAY	YE AR	26 HOUR
(THE OR PRINT)	Theres	ia NMN		Huber	July 25,1	987		1:10A
3. SEX	4. RA	CE	5. DATE C		6 AGE (IN YEARS LAST BIE	THDAY) IF L	JNDER 1 YEAR	IF UNDER 24 F
Female		White	Jan	. 1, 1894 YEAR	93	YRS	THS DATS	HOURS
To BIRTHPLACE (STA	TE OR FOREIGN 7b. C	ITIZEN OF WHAT COUNTRY	? 8		9 BALTIMORE CITY		DEATH	
Austria		U.S.A.	WIDOWE	DI NEVER MARRIED DIVORCED	Balti	more Ci	tv	
10 CITY OR TOWN O	DEATH 11.	NAME OF HOSPITAL, NURSI			120 USUAL OCCUPAT			F BUSINESS
Baltimore		Augusburg Nut	rsing	Center	SEamstress)F WORKING (IFE)	REt	ired
Md.	13b COUNTY	linstitution give residence before 134 CITY OR TOV	NN	YES NO	130 STREET ADDRESS 4115 Cent	zip code ury Roa	d-212	06
14. FATHER'S NAME Johan	in MIDDLI	Huber		Theresia	ME		Si	mon
160. WAS DECEASED			URITY NO.	17 INFORMANT	ADDR	ESS .		
LYES, NO OR UNKNOW	N) (IF YES, GIVE WAR	OR DATES) 217-12-0	0133	Gustav Huber	- 4004 May	berry A	ve2	1206
PART 23 OTHER	immediate stating the cause last.	DUE TO, OR AS A CONSEQUENCE OF TO THE PROPERTY OF TO THE PROPERTY OF TO THE PROPERTY OF THE PR		NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN	IN PART 10	o
A 130 DATE OF OI		196 CONDITION FOR WHICH	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W	G CAUSES	OF DEATH?
21a ACCIDENT W	AS UNDERLYING	21b. TIME OF INJURY		21c HOW INJURY OCCUR	YES NO	YES [ио 🗌
OR CONTRIBUTION	CAUSE OF DEATH	HOUR A.M. MONTH D	DAY YEAR		LED LEGIEN ANIONE OF MAN	AT NOTICE TO TAKE	, 04 (44) 2)	
CIF EITHER NOTIF		PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE,	, FARM, ETC)	211 LOCATION STREET	CITY OR TO)WN	COUNTY	STATE
22a I certify th	at (1) (this hospital) o	ittended the deceased from,		. 19	, ta			that (II (we)
sow the de	eceosed alive an	w the body after death.	, 01	nd that in (my) (aur) apınian	death accurred on the d	ate and have ar	nd from the	causes state
771 SIGNATUR	Week	Valehai	ü	DEGREE ATTENDING PHYSICIAN D	MEDICAL STA	FF CIAN (220 DATE	SIGNED 26/F)
	SNAME (TYPE OR PRIN	AKHAMI		7220 PAT	RK HEIGH	ms Av	E, K	Acrol
230 BURIAL, CREMAT	ION, REMOVAL 23	b. DATE 23c	NAME OF C	EMETERY OR CREMATORY	23d LOCATION		C	200
Burial		7-27-87 Lo	orrain	e Park	Baltimor	e,Marvl	and-	STATI
24 FUNERAL DIRECTO				250. DAT	E REC'D. BY REGISTRAR			URE
John C. M	iller. Ind	c. 6415 Belair	Road	-21206 H	JL 27 1987	Aulia Di	coldion	Pandale
		~	D D D D A		11 (1) 1907	LULINAN DI	W	1

DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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54	1	
	A DEC NO	

1.	- STATE REGISTRAR			CERTIF	ICATE OF D	EATH	8	REG. NO.	19	6	9	6
SUDI (TYP	ASED NAME FIRST		RIE	HUF	FMAN	ile.	2a. DATE (OF DEATH MON		1987	26 HOL	JR M
3 SE	x Female	4 RACE White		5. DATE C		35	6 AGE (IN	YEARS LAST BIRTHDAY	YRS IF UN	HS DAYS	IF UNDER	R 24 HRS MIN.
V	SIRTHPLACE (STATE OR FOREIGN COUNTRY) irginia ITY OR TOWN OF DEATH	U.S.A	WHAT COUNTRY? HOSPITAL, NURSING HEACILITY, GIVE STREET AL	WIDOWE O		VORCED [Balt 12a USUA	ORE CITY OR CO	ity	DEATH 2b KIND OF	F BUSINI	MD ESS OR
	altimore JAL RESIDENCE (IF NURSING HOME O		lgate Ave				Hous	sewife		Own H	Iome	
13a. Ma 14 F E	STATE 13b COU ATYLAND ATHER'S NAME FIRST TNEST WAS DECEASED EVER IN U.S. AI	MIDDLE SRMED FORCES?	Baltimor LAST Chifflett 166 SOCIAL SECUR	е		NO [] S MAIDEN NA FIRST	6525	ADDRESS / ZIP Colgate MIDDLE E. ADDRESS		LAST		tt_
N		IVE WAR OR DATES)	213-30-4	742	Russel	1 E. H	uffman	. Sr. sa	ame as	13e		
The state	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	ED BY: ITE CAUSE (a) DUE TO, OI b) DUE TO, OI (c)	PASA CONSEQUENTASA CONSEQUENTA	PIV HCE OF HCE OF	Coru	0	Uved of t	eral Obs	rachs	1 n	want want	2
CERTIFICATION	PART 2 OTHER SIGNIFICANT		TION FOR WHICH C				200 AUT	TOPSY? 20b	ON GIVEN II	ERE FINDIN	IGS USEI	TH?
	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.	M. MONTH DAY	YEAR	21¢ HOW IN	JURY OCCUR	RED (ENTER	NATURE OF INJURY IN I	IEM 18 PART 1	OR PART 2)		
MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE ((AT HOME STR	OF INJURY SEET, FACTORY, OFFICE, FAR	RM ETC)	211 LOCATION STREET	N		CITY OR TOWN		COUNTY	5	STATE
	22a.1 certify that (1) (this base saw the deceased alive a above, (1) (we) (did) (did n 22b. SIGNATURE	7/10	19 3		nd that in (my)	(aur) apinion	death accurr	red on the date o				
	22d. PHYSICIAN'S NAME (TYPE W. P. M.	ORPRINT)			MD 22e ADDRES	S PHYSICIAN	DO IF	PHYSICIAN	Bul	to d	MY	217
	BURIAL, CREMATION, REMOVAL (SPECIFY)	L 23b. DATE	23¢ NA	AME OF C	EMETERY OR	REMATORY	23d LOC	TY OR TOWN	co	PUNTY	5	STATE
	urial UNERAL DIRECTOR	7-29-8	37 Oa	k La	wn Ceme			Altimore RECHSTRAR 256. I			IDE	
	uda-Ruck Inc.	7922 Wis	se Ave. Ba	lto	Md 2122	2 JUL	291		ta La	Jun K	adae	

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this cert should be detached for use os the buriol rount with the State Dept. of Health and Mentil Program IMPORTANT: If them 21 is morked or their

TO HOSPITAL OR ATTENDING PHYSICIAN The retained by the hospital or attending physician

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186 64 JUL 4 ---

STATE OF MARYLAND

8 5	23 111	1/2	FOR - STATE REGISTRAR			DEPART	MENT OF H	E OF MARYLAN EALTH AND M ICATE OF DE	ENTAL HYGI	ENE REG. 1	NO.	9 6	9 7
pe ,	e o th		CEASED NAME E OR PRINT) ELIZ	FIRST ABETT		HVG	1	AST		20. DATE OF DEATH	MONTH	987	7:00 A
ge 4 moy	rectar. page 3 ours ofter death	3. SE	x Female		RACE Wh:	ite	S. DATE C		YEAR 23	6 AGE (INYBARS LAST B	PRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
death. Pa	funeral dir. hin 72 hou rat onc	1	RTHPLACE (STATE ORI		US	HAT COUNTRY?	WIDOWE	hand .	ORCED [9. BALTIMORE CITY	X		N N
urs ofter	n by the e filed with	Ba	ITY OR TOWN OF DEALTIMOTE		(IÈVOT IN SUCH	OSPITAL, NURSING FACILITY GIVE STREET	es Ge	neral Ho	spital	170 USUAL OCCUP			OTAE
nin 24 ho	skould be	13a.	STATE Maryland	13b COUN	TY	Bart films	Te	13d INSIDE CIT YES TO 1	NO 🗆	13e.STREET ADDRESS			2123
uted with	Lonplete Land 2 Lexomin		William WAS DECEASED EVER			Novotny 166 SOCIAL SECT	IDIT (NO.	FI	RST Nargare	MIDDLE	PESS	Hols	chuh
be exec	ers. Pages I. The medica	100	YES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	216-18-7	155			L. Hug		am as 1	3e
equires that the death certifica	ared by the attending physici for leose remove carbon paper forming, cremation, or removal. injury, or other traumatic event, th	NOI	PART 2 OTHER SIGN	which mediate ig the last.	DUE TO, OR (b) DUE TO, OR (c)	AS A CONSEQU AS A CONSEQU	ENCE OF	L DAM	IAGQ	NTRACRANIA			3
The low r	nysicie ronsit Hygier 18 showsony	CERTIFICATION	190 DATE OF OPERA		196 CONDIT	ION FOR WHICH	OPERATIO			200 AUTOPSY? YES NO DED (ENTER NATURE OF IN)	IN CERTI	S, WERE FINDING CAUSES	OF DEATH?
IG PHYSICIAN	r offending phys After this certifica as the buriol-tran lith and Mental Hy arked or Item 18	MEDICAL C	OR CONTRIBUTING []	CAUSE OF DEAT CALEXAMINER) RED	HOUR A.M P.M	A. MONTH D	19	211 LOCATION STREET		CITY OR		COUNTY	STATE
O HOSPITAL OR ATTENDIN	refaured by the haspital or or TO FUNERAL DIRECTOR. Aft should be detached for use awith the Stare Dept. of Health IMPORTANT: If them 21 is man		220-1 certify that (1) saw the decease abave, (1) (we) (1) 220. SIGNATURE 221 PHYSICIANS N. D. R., WILL	(this hospited alive andid) (did not	view the body of	ifter death. 19—M, L). Ph.	DEGREE AT PH 27e ADDRESS	Tending Hysician [DIRECTOR PHYS	AFF		
1	3P		BURIAL, CREMATION, (SPECIFY) Burial UNERAL DIRECTOR	REMOVAL	7/6/87	7 D	ulanej	Valley	250. DATE	23d LOCATION CITY OF TOWN Timoniu REC'D. BY REGISTRA		Balto.	
DH	MH - 16 60M 7/B4		NAME			ADDRESS	70 71	262	1111	0 0 4000			

DHMH - 16 60M 7/B

(VRA 15, 4)

Leonard J. Ruck, Inc.

Balto. Md.

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B. Johnson Bland	EO JUL .A.	.521 15	LL . M (EB) MB

STATE OF MARYLAND

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ATTENDING PRYSICIAN, The Io

TO FUNERAL DIRECTOR: All should be definished for one minuth the State Diept, of Health IMPORTANT II II-- 21 H

DHMH - 16 60M 7/84

(VRA 15, 4)

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injury, or other troumatic event, th

28 87 ATE EGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN

CERTIFICATE OF DEATH

8 7 _{REG. N}	10.	9	6	9	9
JULY	24,	198	7	26 H	40

	TYPE OR PRINT) EDI	NA	HUN'	TER	JULY	24,	1987	8:40P
3	SEX F	4 RACE BIK	MONTH	F BIRTH	6 AGE (IN YEARS LAST BE	YRS.	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
1	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	USA	VIDOWE		Baltimore City C	love	City	MD.
1	Balto.	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET ADI CHUPCH + 40	mess)	HOSP	126 USUAL OCCUPAT (TYPE OF WORDFOR MOST O			F BUSINESS OR
13	N. C. 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ALL NOT TOWN WING TON S	. 1	YES NO	13e STREET ADDRESS	ZIP COD	e Lina	74999
1	Rutus	MIDDLE Davis		Jauntta	MIDDLE		Stans	cks
16	NO	234-05-	8183	COROLYN	Sunn			
	18 CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE IMMEDIA)	nly one couse per line for (a), (b), and (b) BY: ACUTE CE				AND	APPROXI BETWEEN (MATE INTERVAL ONSET AND DEATH
	Conditions, if any, which gave rise to immediate couse (o), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUEN (b) DUE TO, OR AS A CONSEQUEN (c) CONDITIONS CONTRIBUTING TO DE	CE OF	LEFT HEMIPA		PATON CI	DYEN DA DADY 1	
1	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH O		15-3	200 AUTOPSY?	20b. IF YE	ES, WERE FINDIN	NGS USED
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1	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARI	M, ETC)	211 LOCATION STREET	CITY OR TO)WN	COUNTY	STATE
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7	224 PHYSICIAN'S NAME (114 0	st receip		22e ADDRESS CHUR	CH HOSPITADWAY BA	TAL C	CORPORA IORE, M	
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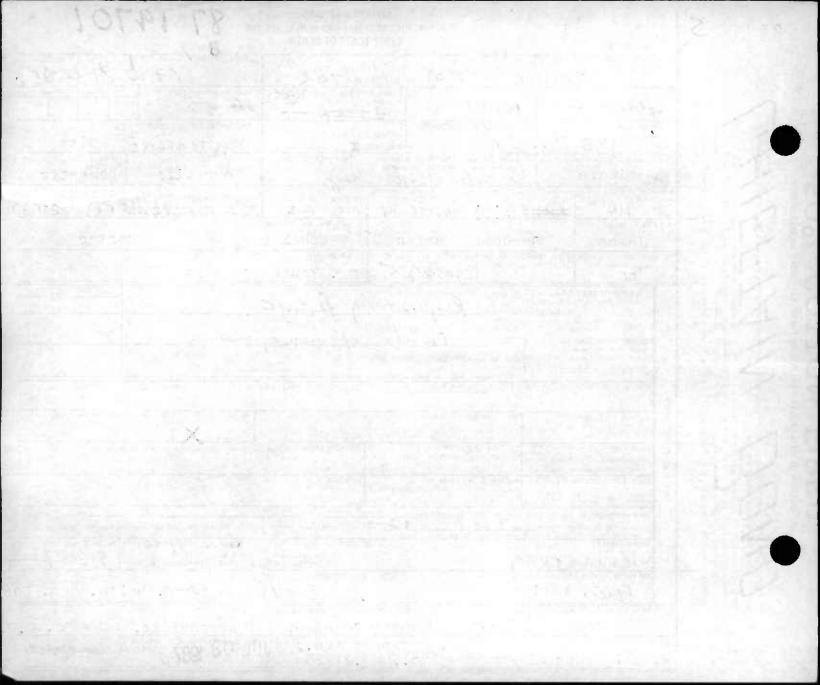
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0.00	1.			STATE OF MARYLAND	
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tely f	14. F/	ATHER'S NAME	-112016 134CH	15. MOTHER'S MAIDEN NA	AME
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or The	무	A DAYE OF ODERATION	196. CONDITION FOR WHICH	Law ollahan /	100 IF YES, WERE FINDINGS USED
Se e e e	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
IAN: The Ich physicion. Infracte hos I-tronsit per ol Hygiene	E		216. TIME OF INJURY	Tab. HOW IN HIR OCCUR	RRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART ?)
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DING PHYSICIAN: or ottending physis After this certifical e as the buriol-tran oith and Mental Hy marked or Item 18	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE F	ARM, ETC.) 211 LOCATION STREET	CITY OR TOWN COUNTY STATE
	1	AT WORK NOT WHILE			00-
		22a. I certify that (I) (this has	oital) attended the deceased from_	, 19	, to, 19, that (li (we) lost
R ATTEN hospitol hospitol RECTOR: red for usept, of Her 21 is		sow the deceased alive a	ot) view be body offer death.	, and that in (my) (our) opinion	death occurred on the date and hour and from the causes stated
8 5 6 B	1	22b. SIGNATURE	of view the body affer debits.	DEGREE	TIL DATE SIGNED /
AL OR AL DIRECTOR TE DEP		1110011	(100)	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN 7
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HOSPI bined b FUNE ould be with the S		MARRIA	FFINNEN		
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BP	1	6	8-4-87 W	nt. auburn Con	ATE RECD. BY REGISTRANS SIGNATURE

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4-1		FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	8 REG!"NO.	ONTH (INV XEAR IN HOLD
ctor. page 3 safter death	(TYPE	CEASED NAME FIRST OR PRINT) JUSEPHIN	re (nmn)	HUNTER	C	7 02 87 12:0P
irector. p	3. SE)	female	white	5. DATE OF BIRTH 1901 MONTH 1/3194Y 1891 VERR	7.6	96 MONTHS DATS HOURS MIN
hin 72 hours	· ·	XXX NC.	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR	LORE City N
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filled in nauld be		AL RESIDENCE (IF NURSING HOME OR CETATE 136 COUNT	OTHER INSTITUTION, GIVE RESIDENCE BEFORE TY A A 13c. CITY OR TOV F. A A LINTITUE	YES NO NO	1386 XXXXXX	ZIP CODE 582 Forest View 1
ampletely sylvania	14. FA		amuel warr	en Rachel	WIDDLE	Porter
n ond co		VAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SEC WAR OR DATES) 2465486	Mr. Young	Same as	
the attending femore carbo emation, or re set troumatic		IMMEDIATE Conditions, if ony, which gove rise to immediate	DUE TO, OR AS A CONSEQU	JENCE OF June		
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tal or attending physician. OR. After this certificate has been signed or use as the buriol-transit permit. Then plk Health and Mental Hygiene prior to burin is marked or Item 18 shows any injury, a		UNDERLYING COUSE DOST. PART 2. OTHER SIGNIFICANT CO. 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify that (I) (this hospite sow the deceased olive on obove, (I) (we) (did) (did not obove, (I) (we) (did) (did not obove, (I)) (did) (did not o	(c)ONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, DI) Ottended the deceased from.	DEATH BUT NOT RELATED TO THE TERM H OPERATION WAS PERFORMED 21c. HOW INJURY OCCUR 19 21f. LOCATION STREET 19 19 19 19 19 19 19	200 AUTOPSY? YES NOW RED (ENTER NATURE OF INJURY CITY OR FOWN	206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO NOTIFIED IN 18 PART (OR PART 2) COUNTY STATE 19 that (1) (we) le and hour and from the couses stated
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aned by the hospital or attending physician. FUNERAL DIRECTOR, After this certificate has been signed build be detached for use as the buriol-transit permit. Then plut the State Dept. of Health and Mental Hygiene prior to buriol or State Dept. of Health and Mental Hygiene prior to buriol ORTANT: If them 21 is marked or them 18 shows any injury, a		UNDERLYING COUSE DOST PART 2. OTHER SIGNIFICANT CO 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WMILE AT WORK 22a. I certify that (I) (this hospite saw the deceased alive an above, (I) (we) (did) (did not) 22b. SIGNATURE	ONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, oil) offended the deceased from, T: Z.M. 21e YLEW the body after death.	DEATH BUT NOT RELATED TO THE TERM H OPERATION WAS PERFORMED 21c. HOW INJURY OCCUR 19 21f. LOCATION STREET 19	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJURY CITY OR TOWN death occurred on the data	206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO STATE COUNTY STATE 19 that (It (we) lee and hour and from the causes stated 22c DATE SIGNED
he hospital or attending physician. DIRECTOR, After this certificate has been signed ached for use as the buriol-transit permit. Then plicably to fleelith and Mental Hygiene prior to buriol frem 21 is marked or Item 18 shows any injury, a	WEDICAL (UNDERLYING COUSE DOST PART 2. OTHER SIGNIFICANT CO 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF ETHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE AT WORK 220.1 certify that (1) (this hospite sow the deceased alive on above, (1) (we) (did) (did not) 220. SIGNATURE M. M	ONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, view the body after death. PRINT 23b. DATE 23c. 23c. 23c. 23c.	DEATH BUT NOT RELATED TO THE TERM HOPERATION WAS PERFORMED 21c. HOW INJURY OCCUR 19 21l. LOCATION SIREET PARM, ETC.) 21l. LOCATION SIREET 19 21e. ADDRESS 22e. ADDRESS 21e. ADDRESS 21e	200 AUTOPSY? YES NOW RED (ENTER NATURE OF INJURY CITY OR TOWN ABDICAL STAFF DIRECTOR PHYSICIA 23d LOCATION CITY OR TOWN WAT PENVI	206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO COUNTY COUNTY STATE 19 hot (It (we) Ice and hour and from the couses stated 22c DATE SIGNED 7,2,37 Balto. Gen.



,		FOR STATE REGISTRAR			DEPARTM	ENT OF H	E OF MARYLA EALTH AND A ICATE OF D	NENTAL HYG	IENE 8	~	-1'	970	12
1	I. DEC	CEASED NAME	FIRST GEORG		John		NTLEY	JR,	20. DATE OF		014111	1987	26 HOUR 8:49 M
	111111111111111111111111111111111111111	ale		White		S. DATE C	DAY	1928	6 AGE INVE		YRS	FUNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
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2	В	ALTIMORE	And the second	THE	OSPITAL, NURSING	PKII		PITAL	12a USUAL C (TYPE OF WORK Broke	FOR MOST OF			ance
5	Ma Ma	AL RESIDENCE IN NURS TATE Bryland THER'S NAME	Baltim	1	13c. CITY OR TOWN	1	13d. INSIDE CI	TY LIMITS?		DDRESS / :	zip code bridg	ge Circ	., 21204
Č	2	George	Joh	nn	Huntle		Fra	nces	WC .	ADDRES		R	ice
1		YAS DECEASED EVER ES, NO OR UNKNOWN) Yes	IN U.S. ARME I IF YES, GIVE W Kor	AR OR DATES)	008-18-1		Suzar		ipp, 82				ir.,2120
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		underlying cause	last.	(c)	erefullar ENTRIBUTING TO D	he	mont bot related	TO THE TERM	INAL DISEASE	OR CONDI	TION GIVE	N IN PART 110	his.
	CERTIFICATION	190 DATE OF OPERAT	i fo h	in condi	TION FOR WHICH	OPERATIO	000	RMED	200 AUTO			WERE FINDIN	
	MEDICAL CER	21a. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC	AUSE OF DEATH	P.A	M. MONTH DA	Y YEAR		JURY OCCURR	ED (ENTERNAT	URBOFIN. RY	IN ITEM 18 PA	RI I OR PART 2)	
	MED	216. INJURY OCCURE WHILE NOT WH AT WORK AT WO	ILE		EET, FACTORY, OFFICE, FA	IRM, ETC)	211 LOCATIO STREET	N		CITY OR TOWN	177	COUNTY	STATE
		saw the decease abave, (1) (we) to 22b. SIGNAFURE	d alive an	7/11	19		nd that in my	aur) apinian d	death accurred	I on the date	e and hour		
		22d PHYSICIAN'S NA	ine	C.L	left	M		TTENDING HYSICIAN	MEDICAL DIRECTOR	STAFF	an &	7/10 DATE S	1/87
		FAL	wie jirre OR PI	Hel	40		lac	n K	Wolfe	57.	Balk	MD-	21231

231. NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/84 (VRA 15, 4)

BP

24. FUNERAL DIRECTOR
NAME
Bryan W. Clary, 10 W. Padonia Rd., 21093

7/14/87

230. BURIAL, CREMATION, REMOVAL (SPECIFY) **Burial**

Dulaney Valley Mem. Gardens Timonium Balto. Md.

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9 17 17 -W.C OF UN 17

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR CEASED NAME 2a. DATE KNOWN IS NECESSARY, PLEASE FUNERAL DIRECTOR. E 5 FOR YOUR FILES. ED, WITHIN 72 HOURS I W_R PRESTON STREET, OF ESTI-Hurrelelinck Hugo K. DEATH MATED 87 3. SEX 4. RACE 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 10:15 DATE MONTH YEAR DAY LAST BIRTHDAY PRONOUNCED 15 12 M W DEAD PM 2/19 87 TO BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED FOREIGN COUNTRY) DIVORCED X Baltimore City TEXAS WIDOWED [2, AND 3 TO THE FUN 3. RETAIN PAGE 5 F 2 SHOULD BE FILED, W AL RECORDS, 201 W. ID CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY Baltimore 3601 Greenway INSURANCE AGENTNORTHWEST USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 1136. CQUNT 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS MD 308 BELLONA A D 2 SHOT 14. FATHER'S NAME DEATH. 15. MOTHER'S MAIDEN NAME FIRST MIDDLE 1457 FIRST MIDDLE LAST HUGO CARL LAMBERT HURRELBRINCK ADELAID BOYD 17. INFORMANT ADDRESS (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) NO 220-30-0845 MEDICAL EXAMINERS 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 1 MEG 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE USED AS A BURIAL- TRANSIT PERMIT AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, BALLIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY. Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101 CERTIFICATION 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DIVISION OF VITAL YES 🗌 NO X 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL 21d INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC. STREET CITY OF TOWN COUNTY STATE Inspection X 22a I certify that I took charge of the remains described above, held an and in my opinion death resulted from Natural causes Homicide L Undetermined manner TITLE (SPECIFY) ACTUAL 7/22/87 Assistant SIGNATURE EXAMINER'S NAME William M. Zane, M.D. 111 Penn St. (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE 7-23-87 REMOVAL 07/84 BP 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH - 17** ADDRESS Divideon Randalle (VR A15 ME (5)) BALTO, MD

	5000		OF MARYLAND		
161750 AUG-	5187 STATE REGISTRAR		EALTH AND MENTAL HYGI	8 7 REG. NO. 9	104
oy be death	(TYPE OR PRINT)	tchinas Raymond	HUTCHINGS	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR 5 5 5 0 PM
a parties	3 SEX	4. RACO S. DATE O	DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
4 age to the total of the total	Male	Caucasian July	15, 1925	62 yrs.	
Control of The Paris	70. BIRTHPLACE (STATE OR A COUNTRY) Mississipp	MARRIED	NEVER MARRIED (X)	Baltimore City or count	
5 14	Baltimore	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L Disabled	126 KIND OF BUSINESS OR INDUSTRY U.S. Veteran
1	ISUAL RESIDENCE (IF NURS 130. STATE Maryland	ng home or other institution, give residence before admission) 13b. COUNTY 13c. CITY OR TOWN Anne Arundel Pasadena	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP COD 8085 Catherine	E
X Z	FATHER'S NAME FIRST George	T. Hutchings	15 MOTHER'S MAIDEN NAM	AE MIDDLE	Banta.
MORE INDE	160 WAS DECEASED EVER (YES, NO OR UNKNOWN)		17 INFORMANT Lenora Haztle	ADDRESS Ove (Same as	13a-e)
that the death certifical by the attending physic ease remove carbon pape of, cremation, or removal, in other traumatic event, h	Canditions, if ony, gave rise to imm cause (a), statin underlying cause	DUE TO, OR AS A CONSEQUENCE OF which ediote	Proset	cAncer	APPROXIMATE INTERVAL BETWEEN OMSET AND DEATH
y, or in	PART 2. OTHER SIGN	IFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N ION 196 CONDITION FOR WHICH OPERATION		200 AUTOPSY? 206 IF YE	S, WERE FINDINGS USED
JEVITAL R. IAN: The It physicion. It from it per local through per local Hygiene in 18 shows	00.00.00.00.00.00.00	AUSE OF DEATH HOUR A.M. MONTH DAY YEAR	21¢ HOW INJURY OCCURR		FYING CAUSES OF DEATH? ES NO PART 1 OR PART 2)
DING PHYSICIA or ottending ph After this certifice as the buriotist of hand Mental marked at Hem.	(IF EITHER, NOTIFY MEDIX 21d INJURY OCCURP WHILE NOT WH AT WORK AT WOR	ED 21e PLACE OF INJURY [AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
on ATTENDIO or DIRECTOR: A cheed for use been, of Head I is m	saw the decease	Ma MD	20th 19.87 d that in (my) (our) opinion d DEGREE ATTENDING PHYSICIAN 1	mEDICAL STAFF	19_87_, that w (we) last our and from the couses stated 22c DATE SIGNED
TO HOSPITAL of retained by the TO FUNERAL IS should be deten with the Store I IMPORTANT. If	230. BURIAL, CREMATION,	a Sharma, MD	LOCH MAN	uh Vetens	Horp. Lie
BP	(SPECIFY) En tombme	nt July 27.1987 Glen Hay	ven Memorial	Pk. Glen Burnie	Anne Arundel MI
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FUNERAL DIRECTOR NAME McCully Fun	3204 Mount eral Homes Pasadena, M		REC'D. BY REGISTRAR 256 REGIS	TRAR'S SIGNATURE

Total Street Say			

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Timble specie		

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4 1987 14 750 14

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the

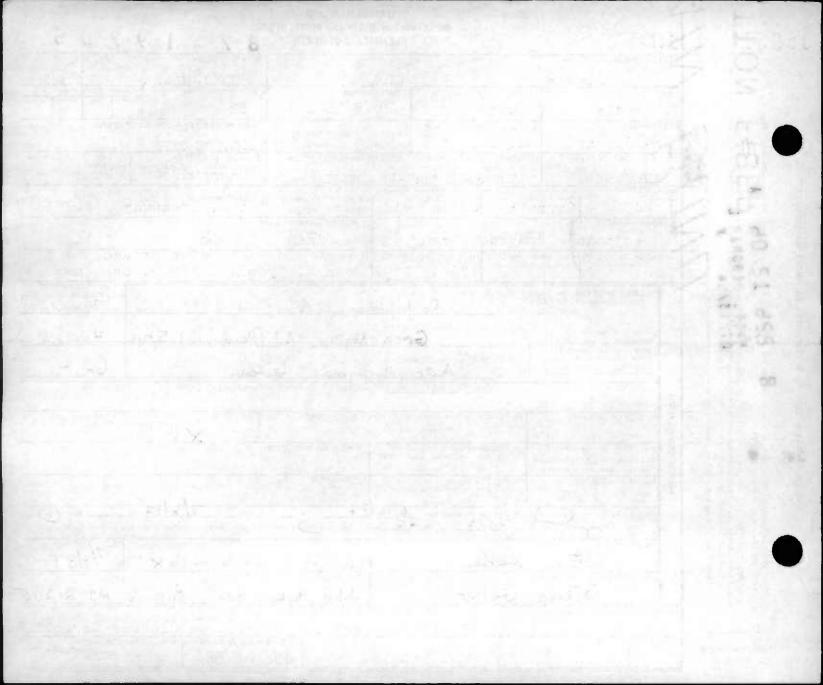
DHMH - 16 60M 7/84

(VRA 15, 4)

may be

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE	7
LAST	2a. DA	TE OF

ł	FOR STATE REGISTRAR	DEP		ALTH AND MENTAL HYG	0 7 1 9	7 0 5
ŀ	1. DECEASED NAME FIRST	MIDDLE	LAS	51	REG. NO.	DAY YEAR 126 HOUR
1	(TYPE OR PRINT) DEBORAH	Lynn	HYDE		TUT V 0 1007	
ł	3. SEX	4 RACE	5. DATE OF	BIRTH	JULY 8, 1987 6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
ı	Female	White	Ju]	ly 13 1954	32 YRS	ONTHS DAYS HOURS MIN
1	TO BIRTHPLACE I STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	VTRY? 8	NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
	New Jersey	U.S.A.	WIDOWED	47	BALTIMORE CITY	MD.
t	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	URSING HOME OF		12a. USUAL OCCUPATION	12b. KIND OF BUSINESS OR
1	BALTIMORE	THE JOHNS	HOPKINS H	HOSPITAL	Housewife.	Home
1	USUAL RESIDENCE (IF NURSING HOME 136 COL 136 CAT	OR OTHER INSTITUTION GIVE RESIDENCE UNITY 13. CITY OF Union		13d. INSIDE CITY LIMITS?	13°, STREET ADDRESS / ZIP CODE 145 W. Broadwa	ay 21791
	Benjamin	Steven Me		Dixie	Lee Lee	Du'1'1
t	160 WAS DECEASED EVER IN U.S. A	LIVE WAR OR DATES		17. INFORMANT	Univen Bri	idge, Md
	(YES, NO OR UNKNOWN) (IF YES, C	154-4	46-3297	John T. Hy	deIII 145 W.	Broadway
ľ	18. CAUSE OF DEATH (Enter of	anly ane cause per line for (a), (SED BY:	b), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ł		ATE CAUSE (a)	onary Arrest		30 minutes	
ı	Conditions, if any, which	DUE TO, OR AS A CONS	SEQUENCE OF	Negative Rod	(Pseudonanas) Sersi	4 days
	gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONS	SEOUENCE OF	, 1	V -	C
1		(0) //C		logenous her	INAL DISEASE OR CONDITION GIVE	1 OMONIAS
ı		COMPILIONS CONTRIBUTION	G TO DEATH BUT N	OI RELATED TO THE TERM	TIMAL DISEASE OR CONDITION GIVE	EN IN PART TIG
	NO 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING	196 CONDITION FOR W	HICH OPERATION	WAS PERFORMED	20a AUTOPSY? 20b. IF YES IN CERTIFY	WERE FINDINGS USED YING CAUSES OF DEATH?
1	210 ACCIDENT WAS UNDERLYING		H DAY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	
ı	OR CONTRIBUTING CAUSE OF D	EAIN	19			
I	OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED	21e PLACE OF INJURY	OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
I	MUITE NOT MHILE		116	<u> </u>	-1/2/27	
١	22a.1 certify that (I) (this has saw the decased alive a	pital) attended the deceased from	fram 6/16/	that in (my) (aur) opinion	death occurred an the date and hour	and from the couses stated
1	22b. SIGNATURE	A OO	D	EGREE		224. DATE SIGNED
ı	Steve.	Seller	1	M.D. ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	1/8/87
1	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)		22e. ADDRESS		
1	Seve	n Geller		Johns Hopki	ns Hosp Baltimor	e mo 21205
	23a BURIAL, CREMATION, REMOVA			METERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
-	Burial 24 FUNERAL DIRECTOR	7/11/87	Pipe Cı	reek Cem	nr. New Winds	
	NAME		PRESS	25a. DAT	E REC'D. BY REGISTRAR 256 REGISTR	RAR'S SIGNATURE
L	D.D. Hartzl	er Unio	n Bridge	e JUI	1 0 1301	



			STAT	E OF MARYLAND		
A DESCRIPTION	1.	FOR STATE		EALTH AND MENTAL HYG	IENE I O	706
60220 ""		REGISTRAR		ICATE OF DEATH	REG. NO.	1
อกุรรัสิ าท่า	THE	DEPRINTING A PIRST	m HVA/SAO	AST	20 DATE OF DEATH AMONTH	DAY YEAR 26 HOUR
poge poge	3. SE	11141110	14 RACE S. DATE C	DE RIDTU	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
ge 4 mc	J. JE	Female	CaucasiN "g"	27 1911		AONIHS DAYS HOURS MIN.
Po di di		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8.	D O NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	0 1
dest hin 7	100	ALTIMORE MEXI	US H WIDOWI	DIVORCED [13ALTI MOR	1.101
rs ofter d by the fur filed with	10.0	ALTIMORE, MD	11. NAME OF HOSPITAL, NURSING HOME (IT NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ANS OF EVER	green	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF HOUSEWIFE.	126 KIND OF BUSINESS OR INDUSTRY Domestic
filled in guild be		AL RESIDENCE (IF NURSING HOME OF	13c GITY OR TOWN CITY 13c GITY OR TOWN CITY	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS ZIP CODE	Eco Ave
ad within	14. F/	THER'S NAME PIRST Daniel	MIDDLE Garvey	IS. MOTHER'S MAIDEN NAME Theresa.	ME MIDDLE	Bauenfiend
5 8 -		VAS DECEASED EVER IN U.S. AF	MED FORCES? 166. SOCIAL SECURITY NO	17. INFORMANT	171ABORESSilli	iams St.
Poges	(VES, NO OR UNKNOWN) (IF YES, GI	213035592	Ronald Hyn		21230
cote the cote to copers		18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSE	nly one couse per line for (o), (b), and (c)	2		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
semon of the second			TE CAUSE (0) Respuisto	y Heres		
death earth of tending		G-18: 4	DUE TO, OR AS A CONSEQUENCE OF	10 cardial I	aluction.	
not the deather by the attention other froum		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF) ocarona 1	/ war	
cos, zor	z	^ /	CONDITIONS CONTRIBUTING TO DEATH BUT	0 3 / 1/1/	1/ 1/	
5 9 5 5	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO		200. AUTOPSY? 20b. IF YES	ongle nous / CES, yere findings used ying causes of death?
T o o o o	TIFIC					YING CAUSES OF DEATH?
F 0 0 5 0 -5	GE	210. ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 P	ART 1 OR PART 2)
SICIA plan plan plan plan plan plan plan plan	CAL	OR CONTRIBUTING CAUSE OF DE	P.M. 19			
o April 19	MEDICAL	21d INJURY OCCURRED	210. PLACE OF INJURY (ATHOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	COUNTY
ENDING P of ar after 11 use as the Health and is marked		AT WORK AT WORK	nall attended the deceosed from	6/1981	7/15	10 6 7 11 11 11 1
TTENE portol o TOR. for usi		sow the deceased alive or	A/15 19 8 7.0	4/	death occurred on the date and hou	r and from the couses stated
REC Hed		22b. SIGNATURE	ot) view the body after death.	DEGREE	1	22c. DATE SIGNED
the property of the property o		frednes	my del	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	
- O H O Z	1	22d PHYSICIAN'S NAME TYPE	01	22e ADDRESS	110'00 15	
TO HOSPITA refoined by TO FUNERA should be de with the Stot		FREDRIC	Sirekis		CABIRD AVE.	8ACTOMD.2122
		BURIAL, CREMATION, REMOVAL	- 1 - 1	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
BP	_	Surial UNERAL DIRECTOR	7/18/87 Cedar Balt.Md. 21230	Hill Cemete	ry Brooklyn E REC'D. BY REGISTRAR THE REGIST	A.A. Md.
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

		19	7	O.	7
R	7-110				l
4	ÆG. NO.	9	1	175	_

	FOR STATE REGISTRAR					EALTH AND MENTAL HYC ICATE OF DEATH	8 7EG.N		0 7 0
	CEASED NAME ORPRINT)	rettie	٨	Adele	In	(Thompson) sley	20 DATE OF DEATH	MONTH DAY	87 10.30
3. SEX	Female		RACE Whi		5. DATE O	F BIRTH 27 07	6 AGE (IN YEARS LAST BII	YRS.	52.5
M	RTHPLACE (STATE OR F COUNTRY) Saryland		U.S.		WIDOWE	DIVORCED	9 BALTIMORE CITY O	er City	
	Bastemore	1	(IF NOT IN SUC	HEACILITY, GIVE STE	REET ADDRESS)	ROTHER INSTITUTION	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Seamstres:	OF WORKING LIFE	126 KIND OF BUSINES: INDUSTRYHUTZ1e Dept. Stor
130. S M	iaryland	Balti	Y	13c. CITY OR TO			13e.STREET ADDRESS 3018 Ohio		21227
)	THER'S NAME FIRST Harry		DDLE	Walk		15. MOTHER'S MAIDEN NA Addie	WIDDLE		Craft
	vas deceased ever ves, no or unknown) NO	IN U.S. ARME		220-14		Donald Thom	oson 19 Mar	nsion Ro	approximate intervi
	PART I. DEATH W Canditions, if any, gave rise to imm cause (a), statin	Which nediate ig the	BY: CAUSE (o) DUE TO, OI	CARI RAS A CONSEC EMPL	QUENCE OF	ARREST			
CATION	Canditions, if any, gave rise to imm cause (a), statin underlying cause	which nediate g the last	DUE TO, OI	CARI RAS A CONSE RAS A CONSE SEPS ONTRIBUTING	QUENCE OF			20b. IF YES, W	ERE FINDINGS USED
AL CERTIFICATION	Canditions, if any, gave rise to imm cause (a), stotin underlying cause PART 2 OTHER SIGN 19a DATE OF OPERAT 21a. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTIN	which nediate g the last	DUE TO, OI CAUSE (0) DUE TO, OI (c) IPB CONDI 21b TIME O HOUR A.	CARJ RAS A CONSE RAS A CONSE SEPS ONTRIBUTING ITION FOR WH IF INJURY M. MONTH	QUENCE OF TO DEATH BUT ICH OPERATION	CERITONI NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES	ERE FINDINGS USED G CAUSES OF DEATH
MEDICAL CERTIFICATION	Canditions, if any, gave rise to imm cause (a), stotin underlying cause PART 2 OTHER SIGN 19a DATE OF OPERAL 21a. ACCIDENT WAS UND	which nediate g the last. NIFICANT CO FION DERLYING	BY. CAUSE (0) DUE TO, OI (b) DUE TO, OI (c) IPP CONDI 21b TIME O HOUR A. 71e PLACE	RAS A CONSE RAS A CONSE SEPS ONTRIBUTING TO STINJURY M. MONTH M.	QUENCE OF TO DEATH BUT ICH OPERATION DAY YEAR	PERITONI NOT RELATED TO THE TERM WAS PERFORMED	200 AUTOPSY?	206, IF YES, WIN CERTIFYIN YES THE TEM TEM TEM TEM TEM TEM TEM TEM TEM TE	ERE FINDINGS USED G CAUSES OF DEATH
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	Conditions, if any, gave rise to imm cause (a), statin underlying cause PART 2 OTHER SIGN 19a DATE OF OPERAT 21a. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER NOTIFY MEDIC WHILE NOTIFY MEDIC AT WORK NOTIFY MEDIC 22a.1 certify that (1) saw the decease above, (1) (we) (a) 22b. SIGNATURE	which nediate g the last. NIFICANT CO FION PERLYING	DUE TO, OI (b) DUE TO, OI (c) IPP CONDI 19 CONDI 21b TIME O HOUR A. P. 21e PLACE (AT HOME STR	RAS A CONSELECTION FOR WHITE INJURY M. MONTH M. OF INJURY OFFI INJ	QUENCE OF TO DEATH BUT ICH OPERATION DAY YEAR 19 CE FARM, ETC)	NOT RELATED TO THE TERM N WAS PERFORMED 210 HOW INJURY OCCUR 211 LOCATION STREET 19 d that in (my) (aur) apinian DEGREE ROSS OFFICIAL MARCHANICAL MARCHANI	200 AUTOPSY? YES NOTER NATURE OF INJUSTINE	IN CERTIFYIN YES	ERE FINDINGS USED G CAUSES OF DEATH NO OR PART 2) COUNTY STA
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DHMH - 16 60M 7/8 (VRA 15, 4)

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DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND								
DEPARTMENT	OF HE	ALTH	AND	MENTAL	HYGIEN			

4	סים	REGISTRAR			CERTIF	ICATE OF DEATH	8 7 REG. N	d 9	10	8
		CEASED NAME FIRST	A	AIDDLE	100	LAST	20 DATE OF DEATH	MONTH D	DAY YEAR 26	HOUR
	11112	David			I	TKIN	E C	72	5 871	18:10 M
	3. SE		4 RACE	,	5. DATE (6 AGE (IN YEARS LAST BE			UNDER 24 HRS
_		Male	N.	hite	MONTH	6 13	73	YRS.	DATS H	DORS
1	7a. BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
	Ne	ew York	US	SA	WIDOWI		Baltin	ore C	ity	MD
3	10. C	ITY OR TOWN OF DEATH		HOSPITAL, NURSI		OR OTHER INSTITUTION	120. USUAL OCCUPAT		12b. KIND OF B	USINESS OR
2	1	Saltimore /	U. of	Mast	land		Broker	OF WORKING CIFE	Stock &	Bond
1	13a. S	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION,	GIVE RESIDENCE BEFOR		113d INSIDE CITY LIMITS?	13e STREET ADDRESS	/ 7IP CODE	241 Brook	kwood
1	9		lbot	Easto	~	YES NO	PO BUX	1594	21	1601
1	14. FA	ATHER'S NAME FIRST	MIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME		LAST	
	1	HARRY		ITK	-14	Bertha			GAR	BER
-	- 0	VAS DECEASED EVER IN U.S. AR	MED FORCES? E WAR OR DATES)	166 SOCIAL SECT	1 .	17 INFORMANT	ADDR			
ha	- (YES WW	II	157-10-	-6519	Gertrude Itk	in P O Box	1594 E		
П		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one couse per	line for (o), (b), or	nd (c).)	^			APPROXIMAT BETWEEN ONS	E INTERVAL ET AND DEATH
	100		E CAUSE (a)	Caso	Lac	Arrest				
			DUE TO, OF	R AS A CONSEOU	ENCE OF					
		Conditions, if ony, which gove rise to immediate	(lb)	200	SIS					
		couse (0), stoting the	DUE TO, OF	AS A CONSEQU	ENCE OF	1			U	. 1
			((c)	2500	haypa	al Cancer				nonths
	z	PART 2 OTHER SIGNIFICANT C	CONDITIONS CO	INTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR COM	IDITION GIVE	N IN PART 110	
	CERTIFICATION	19a DATE OF OPERATION	IN CONDI	TION FOR WHICH	OPERATIO	IN WAS PERFORMED	200 AUTOPSY?	JON IF VEC	WERE FINDINGS	11650
K	FIC.	Cluls	THE CONDI	TION TOR WHICH	a 1	C S S PERFORMED		IN CERTIFY	ING CAUSES OF	DEATH?
-	ERT	21a ACCIDENT WAS UNDERLYING	1 21b. TIME O	SONIA S	Pal	21c HOW INJURY OCCUR	YES NO	YES		40 🗆
P		OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.	M. MONTH D		THE FIGURE WAS DRIVE OCCUR.	LED LENIER NATURE OF INJ	MT IN HEM IS PA	RET OR PART 2)	
Н	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	21e. PLACE O		19	211 LOCATION			-	
	ME	WHILE NOT WHILE		EET, FACTORY, OFFICE,	FARM, ETC)	STREET	CITY OR TO	OWN	COUNTY	STATE
		22a I certify that (I) (this hospi	tol) ottended the	deceased from	6/1	1/87 19	10 71	15	e 87	t (l) (we) lost
		sow the deceased alive on above, (1) (we) (did) (did no		15 19	87.0	nd that in (my) (our) opinion	death occurred on the o	late and hour		
	19	The Signature	I) view the body	offer deoth.		DEGREE			22c DATE SIG	NED
		ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN								5/8)
		224 PHYSICAN'S NAME (11H O	Fisc	hyrund		220 ADDRESS OF	Marylan	d	Huspita	
		BURIAL, CREMATION, REMOVAL	THE DATE			EMETERY OR CREMATORY	23d LOCATION	1117	COUNTY	STATE
		irial	7/28/	87 Ar	lingto	n National Cem	2111116		Arlington	V ^s A ^{re}
		INERAL DIRECTOR NEW	TUN.	Easton W	ID of	1 1511	2 8 1987	2 4 17	· ·	
	Ne	ewnam Funeral H	orne	Easton IV.	1D 21	601 JUL	28 1987	Julia di	during . Kan	State of the state

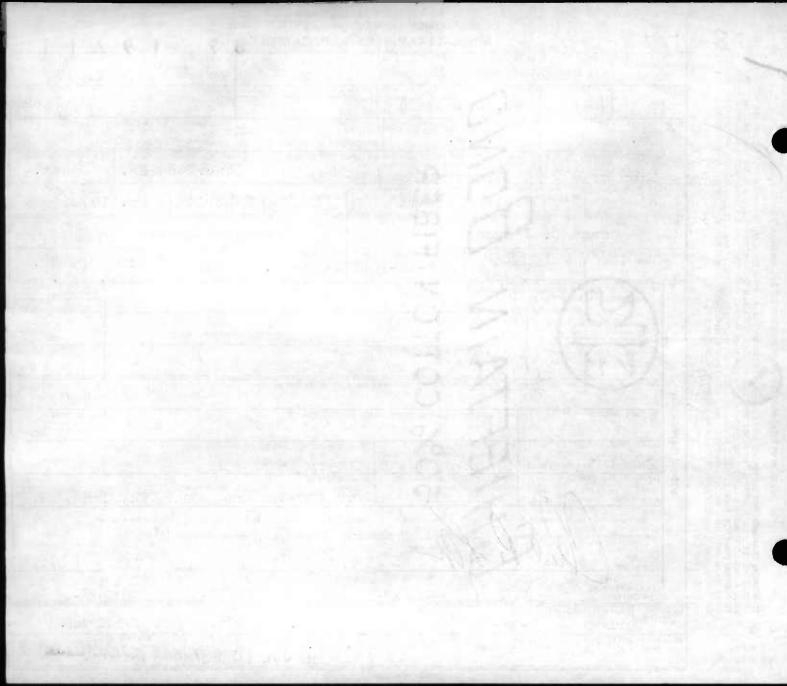
		1	FOR STATE REGISTRAR	D		NT OF HE	OF MARYLAND ALTH AND MENTAL HYOCATE OF DEATH	GIENE 47	19	709
100	6	I. DE	CEASED NAME FIRST	MIDDLE		LA	51	20 TE OF DEATH M	ONI DA	YEAR 25 HOUR
nay be		/	ROSI	E T.		IZZ	SO	Jul	4 10	87 8257PM
E d	\mathcal{I}	1. SE		4 RACE	5	S. DATE O	BIRTH YEAR	6. AGE IN YEARS LAST BIRTH	DAV IF	UNDER YEAR IF UNDER 24 HRS
Page 4 To			emale	Caucasian			4-1908	· 78 yrs.	YRS	DATS FOORS MIN.
	> 1	7a. B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	UNTRY? 8	MARRIED	□ NEVER MARRIED □	9. BALTIMORE CITY OR	COUNTYO	DEATH
death. funeral hin 72	2	1	1d.	USA	\	WIDOW	DIVORCED [BALTIMOR	E CITY	MD.
by the fune filed within	4		TY OR TOWN OF DEATH BALTIMORE	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, G UMH IIn i	IVE STREET ADI	DRESS)	ial Hosp.	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF V Seamstres	WORKING LIFE)	12b. KIND OF BUSINESS OR INDUSTRY Clothing Co
4 hour led in 1 d be f	25	USU.	AL RESIDENCE (IF NURSING HOME STATE 13b COL	OR OTHER INSTITUTION GIVE RESIDEN	OR TOWN	OMISSION)	136 INSIDE CITY LIMITS?	130. STREET ADDRESS / 2 4702 Par		21206
nin 2 show			THER'S NAME	Bal			YES X NO 1		KSIGE	Drive
and 2	50		rank Maro	tta	LAST		Marianna		0	LAST
2 3 7	,		VAS DECEASED EVER IN U.S. A	SIVE WAR OR DATES!	AL SECURI		17. INFORMANT	ADDRES		21236
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ugnet that the altending phy lighted by the altending phy their please entires corbon por the bound, cremation, or remo- allory, or other trainmatic even		NOI	PART I. DEATH WAS CAUSE IMMEDIA Canditions, if any, which gave rise to immediate cause (ol, stating the underlying cause lost. PART 2 OTHER SIGNIFICANS	DUE TO, OR AS A CO	ebral	CE OF	vitarction (wholus	MINAL DISEASE OR CONDI	TION GIVEN	12 hrs 36 hrs
V	2	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR	WHICH O	PERATION	WAS PERFORMED	- 1	IN CERTIFYIN	VERE FINDINGS USED NG CAUSES OF DEATH?
1 15 2		ERT	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY			21c HOW INJURY OCCUR	YES NO	YES [
44 H	7		OR CONTRIBUTING CAUSE OF D		TH DAY	YEAR 19				
othersdring ber this ce is the burn cand Mer	1	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY	, OFFICE, FARA		21f LOCATION STREET	CITY OR TOWN	1	COUNTY STATE
ATTENDER ATTENDER CTOR AT I for use of Health in 21 is man	ğ			pital), attended the deceased in 2014 10 nat) view the bady after deat				death accurred an the date	ond have a	that (we) last nd fram the causes stated
ITAL OF Py the ho RAL DIRE Hote Dept			22b. SIGNATURE	a Of Parkel	urs:	A	EGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIA	NI	7/10/87
O FUNE hould be	1		22d PHYSICIAN'S NAME (TYPE	A. PARKHUI	RST		220 ADDRESS 201 UNIVER			
BP		230 E	URIAL, CREMATION, REMOVA SPECIFY) Burial	23b. DATE 7-14-87			METERY OR CREMATORY edeemer Cem		lto.,	
DHMH - 16 60M 7/8 (VRA 15, 4)	34	24 FL	Schiemunek Fu 3331 Brehms	neral Home, Lane, Balto	oor Inc	d.	21213	TE REC'D. BY REGISTRAR 25	b. REGISTRA	R'S SIGNATURE

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Gulia Devider Rendallo

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STATE OF MARYLAND

1874 A	IG -	·7:87	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY	GIENE	
	K	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	10710
2		EASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
noy be	(TYPE	Georg	re Vernon	Jackson	7	30 87 230
4 off	3. SEX	Tale	Black	5. DATE OF BIRTH MONTH 03-05-15	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MI
h. Page al direct 2 hours		PUNTRY (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COU	NTY OF DEATH
funeral thin 72 optone	10. CI	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL NURSIN	WIDOWED DIVORCED DIVORCED DIVORCED	Baltimore 120 USUAL OCCUPATION	LILL KIND OF BUSINESS
by the tilled with	,	Raltmore	(IF NOT IN SUCH FACILITY, GIVE STREET		TYPE OF WORK FOR MOST OF WORKE	
filled in by ould be fill most be a	13a. S	L RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION GIVE RESIDENCE BEFORE		130 STREET ADDRESS / ZIP C	oby 3 5
mpletely ord 2 sh examine	14 FA	THER'S NAME FORMAND	MIDDLE JACKS	15. MOTHER'S MAIDEN NA	MODLE	martin
be execut on and on r. Pages		AS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SECU VE WAR OR DATES) - 1945 214-05-3	17 NO. 17 INFORMANT 3726 Horbard Jac	Kson 9351	V. Bertalou
that the deoth certificate do by the attending physical lease remove corban paper in cemoration, or removal. or other traumatic event, the		PART I. DE ATH WAS CAUSE IMMEDIA Conditions, if ony, which gove rise to immediate couse 101, stating the underlying couse lost.	DUE TO, OR AS A CONSEQUI	etailde (Ca of term	mal.
equires r signed Then pli to buri	NOIL			DEATH BUT NOT RELATED TO THE TERM		
the low retain.	CERTIFICAT	19a DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED		PYES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
ding physicia ding physicia is certificate burial-transit Mental Hygie or them 18 sho		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH D.	AY YEAR 19	RRED (ENTER NATURE OF INJURY IN 1764	A 18 PARI I ORPART 2)
ATTENDING PHYSICIAN: The ospital or attending physician ECTOR. After this certificate had for use as the burial-transit p.t. of Health and Mental Hygien m.2.1 is marked at Item 18 shown	MEDICAL	VHILE NOT WHILE AT WORK	218 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, FTC) 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
hospital or hospital or RECTOR: Af ned for use spt. of Health		sow the deceased alive dr	ottol) ottended the deceased from 19	82, and that in (my) (aur) opinion	death occurred of the date and	hour and from the couses stated
OR DIRE Dep		22b. SIGNATURE	Minn	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED 7 31/82
HOSPI ined b FUNE buld be h the S		22d. PHYSICIAN'S NAME (1105	For Brevne u	22e ADDRESS 77	zu est vi	en Mall Br
BP		URIAL, CREMATION, REMOVAL	08-06-87 H	NAME OF CEMETERY OR CREMATORY	Balta mole	What bod.

DHMH - 16 60M 7/84

(VRA 15, 4)

24 FUNERAL DIRECTOR

250. DAVIETO II NE ASTROPPIA RECUSTRAR'S SIGNALTURE

DHMH - 16 60M 7/84

(VRA 15, 4)

230 BURIAL, CREMATION, PEMOVAL

23c NAME OF CEMETERY OF CREMATOR

198 Pest. REGISTEAR SECONDATURE

059969 JUL 2087 ACCUL CANDING TE Language District A Section of Jet. Truck St. F. Jany and Liches ... SI MASSES TO LES WILLIAMS DE LA CONTRACTOR AND ALS Calor Visite Accelerated Still Remark of Circle)

STATE OF MARYLAND

JUL 29	87ATE GISTRAR	DEPA	CERTIF	ICATE OF DEATH	GIENE REG. N	10. 9	1	14
1.1	DECEASED NAME FIRST	Woodrow		AST .	20 DATE OF DEATH	MONTH DAY	YEAR	25 HOUR
	lame	3 MOOGLOW	Jack	K 50 1)		7 24	87	10:4/1
3.	SEX	4. RACE	5. DATE C		6. AGE (IN YEARS LAST 8	RTHDAY) IF UI	NDER I YEAR	IF UNDER 24 HR
	Male	White	MONTH / D		7	YRS.	DAIS	HOURS MIN
70.	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	RY? 8	D	9. BALTIMORE CITY		DEATH	
73	Oklahoma	a USA	WIDOWE	D NEVER MARRIED DIVORCED	Bo Iti	1217 6° 6	c; +	, N
10.	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR			120. USUAL OCCUPAT		25. KIND O	F BUSINESS C
13	R Himana	(IF NOT IN SUCH FACILITY, GIVE STR		/a p a u	Fireman		NDUSTRY	00 0
1):	Da TIMORE	AE OR OTHER INSTITUTION GIVE RESIDENCE BEI		~/S.B.G.H	Frreman	/Engine	ser r	3.&O.P
2 6 13	a STATE 136 C	OUNTY 13c. CITY OR TO	NWO	138. INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ ZIP CODE		11000
1	Mary land -	Balt	imo re	YES X NO		ddox Si	t., 2	21226
14.	FATHER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NA	AME		LAS	1
30	Thomas	Jack	son	Tinney		Ro	bisc	
	. WAS DECEASED EVER IN U.S		CURITY NO.	17. INFORMANT	ADDR	ESS		
1	(YES, NO OR UNKNOWN) (IF YES	5, GIVE WAR OR DATES)	-5233	Mrs. Anna	Jackson	Same as	3 1112	
	LIS CALISE OF DEATH . SL.	er only one couse per line for (p1, (b),		11200	0 0001111111	Dearing car		MATE INTERVAL
in the second	underlying couse lost PART 2 OTHER SIGNIFICA	DUE TO, OR AS A CONSECTION OF THE CONDITIONS CONTRIBUTING TO		Terminal.	WINAL DISEASE OR CON	VDITION GIVEN I	IN PART 115	
2						, , , , , , , , , , , , , , , , , , ,		
9	19a DATE OF OPERATION	196 CONDITION FOR WHI	ICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WI		OF DEATH?
7	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		21c HOW INJURY OCCUP		YES [000000000	NO 🗌
1.0			DAY YEAR	THE TION WASON OCCOM	(ENTER NATURE OF INJ	JAT IN HEM IS PART I	ORPARI 2)	
/ 2	(IF EITHER NOTIFY MEDICAL EXAM		19					
/ IASING	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	CE, FARM, ETC.)	211 LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
	AT WORK NOT WHILE							
	22a.1 certify that (1) (this h	aspital attended the deceased from		/ Z. 4 . 19 P	2 , to	124 19		that (1) we k
7	saw the deceased plive	e on 7 / 24 19 d not) view the body after death	87.6	nd that in (my) our opinion	death occurred on the o	ote and hour and	d from the	causes stated
E .	226. SIGNATURE	a non-view the oddy offer deom		DEGREE			22c DATE	SIGNED
	RafaelE	· Lesussa	L	ATTENDING PHYSICIAN	MEDICAL STA		7/	24/8
	228. PHYSICIAN'S NAME IT	YPE OR PRINT)		22e ADDRESS			-//	- 7 / 0
I	Rafael	E-E Spinoso	a.	300150	ath Han	over	5+	
23	a. BURIAL, CREMATION, REMO	VAL 23b. DATE 23	30 NAME OF C	EMETERY OR CREMATORY	23d LOCATION			
	(SPECIFY) Burial	7/28/87	Holy (Cross Cemet	ery Balti	more.	YTHU	CO . ,
24	FUNERAL DIRECTOR			125- DA	TE REC'D. BY REGISTRAL		SSIGNATI	
/84	NAME	237 E. Pat		AVE.	1 2 8 1987		1000	flendaest.
i.	ccully Funer	cal Homes Balt	() . , IV	1.6 660 111	20 1001			

DHMH - 16 60M 7/84 (VRA 15, 4)

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(VR A15 ME (5))

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3. SEX			CEASED NAMI			MIDDLE	LAST	OF ESTI-	MONTH DAY YEAR 26 HOUR
PROMISED 7-13-87 PRIACE BLACK DEC. 14, 1959 27 YES. TO DESCRIPTION OF THE STATE O	EE.	CEV							7-10-8719?? A
The CITIZEN OF WHAT COUNTRY? WARRIED WARRIED WARRIED WOMED DIVORCED Baltimore City II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION WE AMERICA WIDNED JULIAN OF DEATH Baltimore Rear 1825 Riggs Avenue WARRIED JULIAN OF DEATH Baltimore Rear 1825 Riggs Avenue WARRIED JULIAN OF DEATH Baltimore SUJAL RESIDENCE (# IN NURSING HOME OR OTHER INSTITUTION OF RESIDENCE BEFORE ADMISSION) III. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Rear 1825 Riggs Avenue WARRIED JULIAN OF DEATH Baltimore SUJAL RESIDENCE (# IN NURSING HOME OR OTHER INSTITUTION OF RESIDENCE BEFORE ADMISSION) III. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Rear 1825 Riggs Avenue JULIAN OF RESIDENCE (# IN NURSING HOME OR OTHER HISTITUTION OF RESIDENCE BEFORE ADMISSION) III. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Rear 1825 Riggs Avenue JULIAN OF RESIDENCE (# IN NURSING HOME OR OTHER HISTITUTION OF RESIDENCE BEFORE ADMISSION) III. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Rear 1825 Riggs Avenue JULIAN OF RESIDENCE (# IN NURSING HOME OR OTHER HISTITUTION OF RESIDENCE BEFORE ADMISSION) III. NAME OF HOSPITAL, NURSING HOME, OR OTHER HISTITUTION REAR 1100 PROPERTY OF WARRIED JULIAN OF RESIDENCE (# IN NURSING HOME OR OTHER HISTITUTION OF RESIDENCE BEFORE ADMISSION) III. NORTHERS MAIDEN NAME MARTION HALEY AMARION HALEY III. NORTHERS MAIDEN NAME III. SMOTHERS MAIDEN NAME MARTION HALEY III. NORTHERS MAIDEN NAME III. SMOTHERS MAIDEN NAME III. NORTHERS MAIDEN NAME I	N STR				MONTH DAY	YEAR LAST AWTHDAY MONT		IN PRONOUNCED	7-13-87 9:43
11 CITY ORTOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 USUAL OCCUPATION (THE GOVERN OR INDUSTRY DESCRIPTION OF SUST	002/	7a BII	RTHPLACE IS		76 CITIZEN OF V	WHAT COUNTRY?			COUNTY OF DEATH
Baltimore Rear 1825 Riggs Avenue 136 COUNTY 136 COU	32	IA CI						DUTCHNOTC	
136. COUNTY 136. COUNTY 136. CHY PLANTED 136. INSIDE CITY LIMITS? 136. STREET ADDRESS 11.05 FOREST STREET 21.202 15. MOTHER'S MARIDEN NAME 1.651 MARION HALEY 15. MOTHER'S MARIDEN NAME 1.651 MARION HALEY 166. WAS DECEASED EVER IN U.S. ARMED FORCES? (IF VES, GIVE WAR OR DATES) 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 18. CAUSE OF DEATH (Enter only one cause per line lar (a), (b), ond (c).) PART 1 DEATH WAS CAUSED BY: Alcoholism APPROXIMATE IN BETWEEN ONSET AND INTO COURSE (a) DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF CC. CC. DUE TO, OR AS A CONSEQUENCE OF CC.	9						HER INSTITUTION		OR INDUSTRY
TAST JAMISON MARION HALEY 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, ORUNKNOWN) IF YES, GIVE WAR OR DATES) 161. SOCIAL SECURITY NO. 215. 78. 61.29 MRS. ROSA JAMISON 110. INFORMANT ADDRESS MRS. ROSA JAMISON 1105 FOREST STR APPROXIMATE IN BETWEEN ONSET AN DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to	5	130 S1	TATE				YES NO	1105 FOREST	STREET 21202
166. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, ORUNKNOWN) 18 CAUSE OF DEATH (Enter only one cause per line lar (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Canditions, if ony, which gove rise to immediate cause (a) stating the under-lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	d	MALER	THERE'S SANDONE	3	MIDDLE	JAMTSON-	FIRST	NAME	
18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) OUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gove rise to immediate cause (a) stating the under- lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	А	16a. W	AS DECEASE	D EVER IN U.S	ARMED FORCES?			ADDRESS	HALLET
18 CAUSE OF DEATH (Enter only one cause per line lar (a), (b), ond (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). Alcoholism DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gove rise to immediate cause (a) stating the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	1	(AE	S, NO, OR UNKNO	OWN) (IF YES,	GIVE WAR OR DATES)	215 78 6129	MRS - ROSA	JAMISON 1105	FORREST STORET
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ATWORK ATWORK Unknown 1825 Riggs Avenue Baltimore, MD			cause (a lying cou) stating the unuse lost. GHIFICANT CONDITION F OPERATION AL CAUSE WA	DUE TO, CO (c) (19b. CONTRIBUTING TO DEA) (S) (19b. TIME (HOUR A)	DITION FOR WHICH OPERATION V OF INJURY .M. MONTH DAY YEAR	NAS PERFORMED?		YES XX NO
22e. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinion		MEDICAL CERTIFICATION	PART 2 OTHER 51 190. DATE OF 210. EXTERNA UNDERLYING CONTRIBUTI 21d INVIERS	ose lost. GHIFICANT CONDITION TO PERATION AL CAUSE WA GO OR CAUSE	DUE TO, CO (c) 19b CONE 19b CONE S 21b TIME 6 HOUR A Unk p. 17b PLACE	OF INJURY M. 7-10 19 87 EOF INJURY ACTORY, FARM, ETC.	WAS PERFORMED? HOW INJURY OCCURRED (Unknown DOCATION found- 1 STREET	ENTER NATURE OF INJURY IN ITEM 18 PAR Rear Alley City or town	YES XOX NO [
death resulted from: Natural couses. Accident , Suicide , Hamicide . Undetermined monner .			PART 2 OTHER SI 190. DATE OF 210. EXTERNA UNDERLYING CONTRIBUTI 21d. INJURY (WHILE AT WORK	OCCURRED Note the second of t	DUE TO, CONTRIBUTING TO DEAT 19th CONTRIBUTING TO DEAT	OF INJURY M. MONTH DAY YEAR M. 7-10 19 87 EOF INJURY ACTORY, FARM, ETC.)	WAS PERFORMED? HOW INJURY OCCURRED (Unknown DCATION found- 1 1825 Riggs Avenu	enter nature of injury in item 18 par Rear Alley city or town Je Baltimore,	YES XX NO [] RT I OR PART 2) COUNTY STATE
ACTUAL SIGNATURE DE DE CONTROL M.D. ASSISTANT MEDICAL EXAMINER SIGNED 7-13-87	13		PART 2 OTHER SI 190. DATE OF 210. EXTERNA UNDERLYING CONTRIBUTI 21d. INJURY (WHILE AT WORK	OPERATION AL CAUSE WA GOVERNO OCCUPATION AL CAUSE WA CONTRO OCCUPATION	DUE TO, CO (c) 19b. CONE 19b. CONE 19b. TIME of HOUR A OF DEATH The PLACE TREET, For the origin of the origin of the remoins of the remoins of the cone of the cone of the remoins of the cone	OF INJURY M. MONTH DAY YEAR M. 7-10 19 87 EOF INJURY (ATHOME. 211 LC) ACTORY, FARM, ETC.) Nescribed above, held an Autor	WAS PERFORMED? HOW INJURY OCCURRED (Unknown OCATION found- I STREET 1825 Riggs Avenu Psy X, Inspection	Rear Alley CHYORTOWN Je Baltimore, Inquiry . ond	YES XX NO [] RT I OR PART 2) COUNTY STATE
			PART 2 OTHER 51 190. DATE OF 210. EXTERNA UNDERLYING CONTRIBUTI 21d. INJURY (WHILE AT WORK 220. I certification of the soult	OPERATION AL CAUSE WA GOVERNO OCCUPATION AL CAUSE WA CONTRO OCCUPATION	DUE TO, CO (c) 19b. CONE 19b. CONE 19b. TIME of HOUR A OF DEATH The PLACE TREET, For the origin of the origin of the remoins of the remoins of the cone of the cone of the remoins of the cone	OF INJURY M. MONTH DAY YEAR M. 7-10 19 87 E OF INJURY (ATHOME. 211 LC) ACTORY, FARM, ETC.) Accident . Suicide .	Unknown OCATION found- F 1825 Riggs Avenue Property Annicide Hamicide TITLE (SPECIFY)	Rear Alley CITY OR TOWN J. Inquiry . ond of Undetermined monner XX.	YES XX NO [] RT I OR PART 2) COUNTY STATE

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DINA ZOTO	AND H. ALCA.		7, // 7	

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letely filled in by the funeral director, page 3 d is should be filed within 72 hours after death

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	ARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

42 8 STATE REGISTRAR		CERTIFICATE OF DEAT	H Q 7 REG.	0 9 7 1	6
1. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE	JAMES	20. DATE OF DEATH	MONTH DAY YEAR	28 HOUR 2:00 PM
	BLACK	S. DATE OF BIRTH	6 AGE (IN YEARS LASTE	SHRTHDAY) IF UNGER I YEAR MONTHS DAYS	
COUNTRY) Va	b. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRI	ED D BAUTIA		WE
BALTMORE	South Balty	more General	ON 120 USUAL OCCUPA		OF BUSINESS OR
USUAL RESIDENCE (IF NURSING HOME OR O 13a. STATE 13b. COUNT	THER INSTITUTION GIVE RESIDENCE BEFOR IY 13c. CITY OR TOV	YES NO	□ 2816 H	1 ZIF CODE	1217 Ave
George	Burne	15. MOTHER'S MAIL FRST LURA	DEN NAME MIDDLE	Paris	st ell
160 WAS DECEASED EVER IN U.S. ARM (YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166. SOCIAL SECTION OF DATES! 216-24	1-496) Charles	n.	116 Parkwood	1 Ave
18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	BY:	HYPOXIA	1	APPROX BETWEEN	CIMATE INTERVAL
cause (o), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CO	JT VEGETATION	DEATH BUT NOT RELATED TO THE	AS A RESULT	TOF A 8	MOKE
PENSISTEM 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING		HOPERATION WAS PERFORMED	YES NOT	206 IF YES, WERE FINDE IN CERTIFYING CAUSES YES	S OF DEATH?
TO ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DEATH OF FUND OR CONTRIBUTING AUSE OF DEATH OF THE PROPERTY	216. TIME OF INJURY HOUR A.M. MONTH D P.M. 218 PLACE OF INJURY	19 211 LOCATION	OCCURRED (ENTER NATURE OF IN		
AT WORK AT WORK	(AT HOME, STREET, FACTORY, OFFICE,		CITY OR	IOWN COUNTY	STATE
220.1 certify that (1)(this hospital saw the deceased olive on above, (1) (see (did) (did not)	7/7 19		opinian deoth occurred on the		
22b. SIGNATURE	C. Meland	Jon WO ATTENI	CIAN DIRECTOR PHYS	AFF ICIAN 7/8	SIGNED
22d. PHYSICIAN'S NAME (TYPE OR	PRINTI) PICHANOSON p	10 22 500	EPARTMENT OF	ST, BALTO.	NO JUDO
230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		name of cemetery or crema butus Mem Par	rk Arbutus	COUNTY	STATE MD
24 FUNERAL DIRECTOR Wm. C. March F/H V	west 4300 Waba	sh Avenue	250. DATE REC'D. BY REGISTRA	1 1 1	n. Randall

DHMH - 16 60M 7/8 (VRA 15, 4)

BP.

IAPORTANT: If them 21 is marked or Item 18 shows any injury, a TO FUNERAL DIRECTOR: After this certificate hos been should be detached for use as the burial-transit permit. The with the State Dept. of Health and Mental Hygiene prior to

ly filled in by the funeral director, page 3 should be filed within 72 hours after death

medical

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and should be detached for use as the burial-transit permit. Then please remove carbonappers. Pages with the State Dept. of Health and Mental Hygiene priar to burial, cremation, or removal.

IMPORTANT: If Hem 21 is marked or Hem 18 shaws any injury, ar other troumatic event, the

within 24 hours after death. Page 4

the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that

retained by the haspital or attending physician.

BP.

DHMH - 16 60M 7/B4 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT	OF HEALTH	AND MENTAL	HYGIEN
0.00	DTIFLE ATE	AF BE . TH	

1	FOR			DEPAR	TMENT OF H	EALTH AND N	NENTAL HYGI	IENE '			1000	4 5	. ,
'	STATE REGISTRAR				CERTIF	ICATE OF D	EATH	ata thing	REG. NO.	O		8	
1. DE	CEASED NAME	FIRST	,	MIDDLE	i.	AST		20 DATE CE I		TH DAY	YEAR	25 HOU	IR
	OR PRINT	4 .11		X.	T.				-	,	C2	°> 3	7/.
_		PARL		0,	140	VIS		- 24 25			87	22	AM
3. SE	× (4	RACE	1	S. DATE C		YEAR	6. AGE (IN YEA	RS LAST BIRTHOAT	Y) IF UI	NDER I YEAR	IF UNDER	24 ARS
-	Finale		SAC	12	8	- 3	59	2	7	YRS.	50.15		741.014.
Ja Bl	RTHPLACE (STATE OR F	OREIGN 76	CITIZEN OF	WHAT COUNTR	Y? 8.			A. BALTIMOR	E CITY OR CO	-	DEATH	_	
(COUNTRY)		71	00	MARRIE	D NEVER M	ARRIED S	13	. II	0.1.			
10.01	TY OR TOWN OF DEA	TLI 1	NAME OF H	OSPITAL, NURS	WIDOWE		ORCED	12: USUAL O	VET 10	C. 2	101 1010 0	C DI ICINIE	MD.
10.	DIL	1		H FACILITY, GIVE STRE		K OTHEK	IUION	120 USUAL OF	FOR MOST OF WO		126. KIND O'	- BUSINE	:55 OK
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USU/	AL RESIDENCE (IF NURSI	NG HOME OF OT	HER INSTITUTION.	GIVE RESIDENCE BEF	ORE ADMISSION)	134. INSIDE CI	TV LIMITED 1	13e.STREET AL	DDDEEC / 716	CODE			
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14. FA	THER'S NAME			1-1011	-		MAIDEN NAM	ME COUL	Dare	vail	VILO	120	_
	FIRST	MI	3100	LAST LAST		1-1 1	IRST	7	MIODIE	27	Z LAST	./	
3	NOM			UANV	15	CIVII	VC	4.		1	moo	K3_	
	VAS DECEASED EVER		VAR OR GATES)	16b. SOCIAL SE	CURITY NO.	17. INFORMA	7	a a	ADDRESS	-		-	,
	Na		,	219/2	1///	Elnin	10. UZ8	NVISA	4000 1.	32.87	eva	RI	,
	18. CAUSE OF DEATH	H (Enter only	one couse per	line for (a), (b),	and (c).)						APPROXI BETWEEN C	MATE INTER	VAL
	PART I. DEATH W	AS CAUSED	BY:	12	Lalmi.	. 5.	15.				45	2/00	
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	E-05 K-1		DUE TO, OI	RAS A CONSEG	UENCE OF	0,	-	10	1 1	39. 3	5		
	Conditions, if ony,		(b)_	Syst	euric	Lyn	US EN	27 Here	41050		7	7-12	-
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	underlying couse	lost.	()	013	ULIC	Kouse	1 -	milure			2,	.65	
	PART 2. OTHER SIGN	HEICANT CO	NDITIONS CO	NITPIBLITING	DEATH BUT	NOT BELATED	TO THE TERM	INIAI DISEASE	OR CONDITIO	ONLONENLI	(ALDADT L	116-	
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CERTIFICATION	190. DATE OF OPERAT	ION	TIN CONDI	TION FOR WHIC	H OBEDATIO	NI WAS DEDECT	MED	20e AUTOP	20V2 120V	b. IF YES, WI	EDE CIAIDIA	CC LICER	
FI.	7 01	27	11	TON TOR WITH	/ CI	WASPERFOR	MED	208 AUTOF		CERTIFYING			
RT	1-1941	OT	UNC	4PITINE	d 31	noch			NOM	YES []	NO [
	218. ACCIDENT WAS UND	Tougust	216. TIME O	F INJURY M. MONTH	DAY YEAR	21c. HOW INJ	URY OCCURR	ED (ENTERNATU	JRE OF INJURY IN I	ITEM IB PART I	OR PART 2)		
AL	(IF EITHER, NOTIFY MEDIC		P./		19	77							
MEDICAL	21d. INJURY OCCURR	ED	21e PLACE	OF INJURY		21f. LOCATIO	N		1200				
Z	WHILE NOT WH	HLE	(AT HOME, STR	EET, FACTORY, OFFIC	E, FARM, ETC.)	STREET			CITY OR TOWN		COUNTY	51	TATE
	AT WORK AT WOR		1		1.1	30/84		7	101/00			1	
	22a.1 certify tho	-	2 of 83	/		20/8+	., 19	, to1	10,12	19_		1	we) lost
2.1	sow the seceose obove, (1) (we) (4	id (did not)	wey he body	ofter death.	, on	d that in (my)	our) opinion d	leath occurred	on the date o	nd hour one	d from the o	ous	oted
	226. SIGNATURE	1/				DEGREE		100			72c. DATE	MGNED	
	14 0	1-1-	10.0		1111		TENDING HYSICIAN	MEDICAL	STAFF		61		
	22d. PHYSICIAN'S NA	ME ITYPE OR P	RINT)	,	16	22e ADDRESS		DIRECTOR	THISICIAN		7	,	
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23a B	URIAL, CREMATION, I	REMOVAL	23b. DATE	23	NAME OF C	EMETERY OR C	REMATORY	23d. LOCAT	ION	1	DUNITY		7.4764
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24 FL	INERAL DIRECTOR	0011	2	010			25a. DATE	REC'D. BY REC	GISTRAR 256	REGISTRAR	SSIGNATI	JRE	
	NAME	allale	1/201	ADORESS	215 M	1/1	84 111	11 7	1003		~ .		

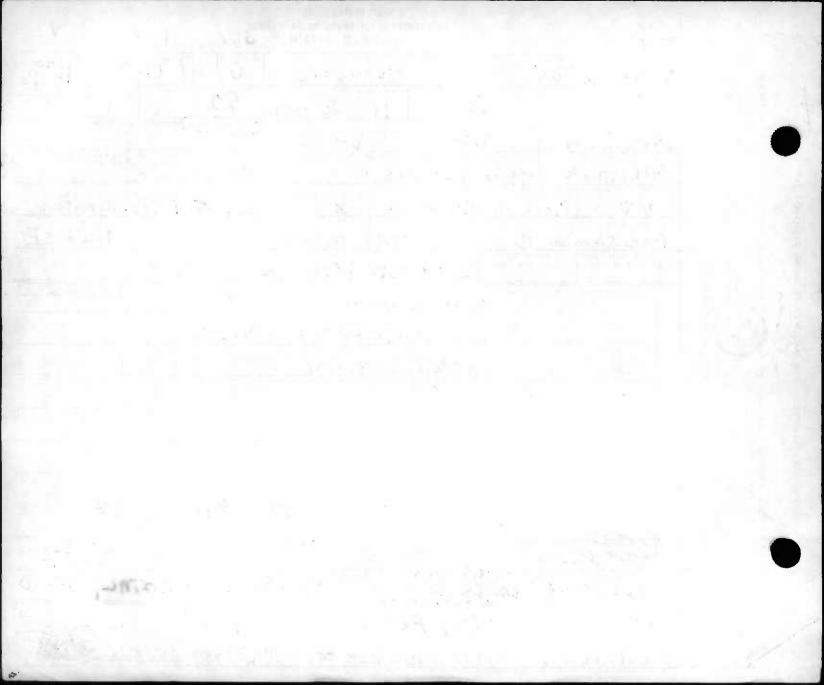
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1	Is-	FOR STATE	DEPARTM	ENT OF H	EALTH AND MENTAL HYG ICATE OF DEATH	IENE 7	19	11	9
W	1. DEC	REGISTRAR EASED NAME FRST OMERINAL HINGTON	MIDDLE	- I	ANETTE	REG. N	MONTH DAY	YEAR YEAR	26 HOURS
	3. SEX		A RACE B	5 DATE C		6 AGE CHEARS LAST BIR	YRS IF	UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
7	V	RTHPLACE (STATE OR FOREIGN PUNERY)	76. CITIZEN OF WHAT COUNTRY?	WIDOWE	D NEVER MARRIED DIVORCED	BALTIMORE CITY	City		MD
4	13	ALT MURE	(IF NOT IN SUPH FACILITY, GIVE STREET A	DDRESS)	OTHER INSTITUTION	TYPE OF WORK FOR MOST	OF WORKING (IFE)	INDUSTRY	F BUSINESS OR
5	13a. S	WD 125	The CO BALLING		136 INSIDE CITY LIMITS? YES NO	OLY ADDRESS	ZIP CODE	odin	gton
9	12	THER'S NAME FIRST DEN SAMIN	MIDGLE GUN	TER	MARY	MIDDLE ADDR	F.C.C.	PAR	KER
1		(4F YES GIV		3342	DAUGHTER		EM		
		PART I. DEATH WAS CAUSE	oly one cause per line far (o), (b), and D BY. TE CAUSE (o)	Espia	RATORY ARI	ZEST		BETWEEN	MATE INTERVAL ONSET AND DEATH
		Conditions, if any, which gove rise to immediate couse (o), stoting the underlying cause lost.	DUE TO, OR AS A CONSEQUE (b) CON GES DUE TO, OR AS A CONSEQUE (c) HYPER1			MUDRE			
	NO	PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO D			MINAL DISEASE OR CON	IDITION GIVEN	IN PART 100	
9	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, V IN CERTIFYII YES	NG CAUSES	
g	ICAL CER	210 ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	IRY IN ITEM 18 PART	1 OR PART 2)	
1	MEDI	216 INJURY OCCURRED WHILE ON WHILE OF AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FA	RM ETC }	21f. LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
	,	sow the deceased abve on about the well and ideas the well and ideas the well and ideas are a second and in the second a	tal) attended the deceased from		nd that in (my) (aur) apinion	death occurred an the d	ate and hour o		
	4	226 PHYSICIAN'S NAME (TYPE O	DEPRINITE IN FOREST		ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN	12 DATE	SIGNED 7
		OELIASSON	DR. SBOROFSI		120N	secure It	0517:17	74,5	BAUTU
9	7	URIAL PREMATION, REMOVAL	6-26-87 A	e BL	emetery or crematory 1+45	336 LOCATION BALT	C	ount	STATE
4		NAME Phillips	17an N. mo	NR		IN 29 1987	7.0 00	Idery ?	OTT 3

DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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REG. NO			(Con	-

	/	1,	FOR	DE	PARTMENT OF HEALTH AND MENTAL H	YGIENE	
0601	R 7 N MIN 28	87	STATE REGISTRAR		CERTIFICATE OF DEATH	8 / REG. NO	9/20
	0 1 0 944 20		CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	oge 3 deoth	(TYPE	ORPRINT) Chan	lie	Jefferron	7-	23-87 5 3800
	pod pod	3 SEX		4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	4 4		Male	Negro	8 - 10 - 22	64	MONTHS DATS HOURS MIN.
	Pog dire	/ Bi	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	UTDY2 8	9 BALTIMORE CITY OR COL	RS INTY OF DEATH
	oth 22	(S. Carolina	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED		re City MD.
	1 11/3/	Jil. CI	TY OR TOWN OF DEATH		IURSING HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION	126. KIND OF BUSINESS OR
10	5 53 96 5	13	alto MO/	Death Sout	G HOSP (SBGH)	(TYPE OF WORK FOR MOST OF WORK)	NG LIFE) INDUSTRY
2120	nou E & A	WSU.	AL RESIDENCE (IF NURSING HOME OF TATE	OTHER INSTITUTION, GIVE RESIDENCE TY	E BEFORE ADMISSION)		2120
NO N	24 fille	1	MO/ 1341	00	YES NO B	3303 Essa	1 1 4
YLA	1 15 17	DEF A	THER'S NAME		15. MOTHER'S MAIDEN		- 110 401
MAR	3 P	V	George	WIDDIE IV	orson Hattie	WIDDLE	hiciaht
	10 8 T/8		AS DECEMBED SVER IN U.S. AR	MED FORCES? 166 SOCIA	SECURITY NO. 17. INFORMANT	ADDRESS	
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ALT	te posici te		18 CAUSE OF DEATH (Enter or	nly ane cause per line far (a),	(b), and (c).)	,	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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otsa	1 100		Canditions, if ony, which	44 -1	Justatic Squarous	cell Luna car	cirana
99	2 (2 ESE)		gove rise to immediate cause (a), stating the	DUE TO, OR AS A CON	SEQUENCE OF		
W.	1 (1)		underlying cause last.	(c)			
5. 20	1 1 1 1 1	-	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTIN	G TO DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION	GIVEN IN PART Tra
ORD	B 122	ě					
DIVISION OF VITAL RECORDS	1 10000	FICATION	190 DATE OF OPERATION	196 CONDITION FOR V	VHICH OPERATION WAS PERFORMED		F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?
N.	75 75 4	CERTIF				YES NO	YES NO
NA.	2 00 t m	2	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.		H DAY YEAR	URRED (ENTER NATURE OF INJURY IN ITE	M 18 PART I OR PART 2)
0	80 551 1	CA	(IF EITHER NOTIFY MEDICAL EXAMINE	P.M.	19		
SPO	£ 2 1 2 2 3	MEDI	21d INJURY OCCURRED WHILE NOT WHILE	21e PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
DIVI	Se 101		AT WORK AT WORK				3 6 7
	O TO BE DE		220.1 certify that (1) (this hasp saw the decrased alive or			on death occurred an the date and	S, 19 A, that (I) (we) lost
-	1 0 0 0 E		above, (I) we (did) (did no	it) view the body after death.		on death occurred an the dare and	
	Dept in Man		220. SIGNATURE	10 Y. 4.	DEGREE ATTENDING	MEDICAL STAFF	224 DATE SIGNED
	NA STATE	-	22d PHYSICIAN'S NAME (TYPE O	4 / 1990	PHYSICIAN 27e. ADDRESS	DIRECTOR PHYSICIAN	- 1/21/87
PS (3)	HOSPITAL med by th FUNERAL old be den title State		// (T	0 11	1.1.	1 11
	To Hos	22. 0	JOYY	lygan	132 NAME OF CENTER OF CREMATOR	7 4 2 1 1 2 2 1	Goral Hosp.
	BP	230. 6	URIAL CREMATION, REMOVAL	7-00-01	231. NAME OF CEMETERY OR CREMATOR	Y Z3 LOCATION CITY OR TOWN	COUNTY STATE
	DP	24 FA	NERAL DIRECTOR	1,50.01	Ma. Nat. Mem. TI	PATE REC'D, BY REGISTRAR 25b. RE	GISTRAR'S SIGNATURE
	DHMH - 16 60M 7/84	1	NAME	170	Press haurens St. I	JE Z 7 1957	OWNER S STOTATORE
	(VRA 15, 4)	Va	mes It. Worton	ruens 110	nuurens &		

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	1	,	FOR	DEPAR		E OF MARYLAND IEALTH AND MENTAL HYG	IENES 7 1 Q	721
0000		1 -	STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.	
1962 1	1		CEASED NAME FIRST	MIDDLE	Į.	AST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
page 3		(1111)	John	J. JEFF		FRIES	July 2	1987 9:30 PM
4 may		3. SEX		4 RACE	5. DATE C			IF UNDER 1 YEAR IF UNDER 24 HRS
ge 4			Male	White Jun		4 - 1 - 1	92 YRS	
Poge all direct	2		RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY	Y? 8.	D NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
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frer de withing d'withing	-		TY OR TOWN OF DEATH	 NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE 		OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	126 KIND OF BUSINESS OR EL INDUSTRY
3 Je 6	-		Balto.	6201 Loch R	laven	Blyd.	Executive	Glass Mfg.
P _ 40	must be		AL RESIDENCE (IF NURSING HOME OR TATE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) TY 136. CITY OR TOWN 136 INSIDE CITY LIMITS?			13e STREET ADDRESS / ZIP CODE	
The Common Co.	and the		VId.	Balto.		YES NO 6201 Loch Ra		en Blvd.
withir etely d 2 sh		14 FA	THER'S NAME FIRST	MIDDLE LAST		15. MOTHER'S MAIDEN NA.	WE	LAST
onple ord exor				ence Jeffries		Anna		Coleman
po po	1		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SEG	CURITY NO.	17 INFORMANT	ADDRESS	
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4 4114			gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEC	UENCE OF			
those and the state of the stat	y rijury, ar ath		underlying cause last	(c)				
den police		z	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO	O DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIV	EN IN PART 11a
1 1 2 2		CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATIO	N WAS PERFORMED	20e AUTOPSY? 206. IF YES	S, WERE FINDINGS USED
9 10 0 14	1	FIC.	- CALL OF GLEANION	172 CONDINGIVION	C. T. O. I. E. K. A. T. C.	-	IN CERTIF	YING CAUSES OF DEATH?
The page of the pa	-	ERT	71a ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c HOW INJURY OCCUR	YES NOW YE	
A STATE	3	_	OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH				
PSIC Biring Mend	1	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER 71d INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19	21f LOCATION		
PH The PH of the		ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFIC	E, FARM ETC)	STREET	CITY OR TOWN	COUNTY STATE
A STATE						16 10 HC	- 10 JUNE 30	19 87 that (It (we) last
THE CHANGE			saw the deceased alive an	JKNE 30 19			death accurred an the date and hou	
AT OF STREET			abave, (1) (we) (did) (did na 22b. SIGNATURE	t) view the bady after death.		DEGREE		22¢ DATE SIGNED
0 1 0 00 1			1.1	111:	-	ATTENDING	MEDICAL STAFF	7-3-87
HOSPITAL ned by th FUNERAL Aid be dete the State ORTANT	1		22d. PHYSICIAN'S NAME (TIME)	OR PRINT)		22e ADDRESS	DIRECTOR PHYSICIAN	1.3-01
HOSPITA out the Sto PORTANT	1						A	
OT OT SHAM	-	220 0	Sidney SURIAL, CREMATION, REMOVAL	Scherlis M.D.	, NIAME OF	8417 Bell	ona Ave.	
DD.		(SPECIFY)				CITY OR TOWN	COUNTY STATE
Br			unial JNERAL DIRECTOR	7-6-87	100F	Cathedral	Balto. TE REC'D. BY REGISTRAR 256. REGIST	RAR'S SIGNATURE
DHMH - 16 60M 7/ (VRA 15, 4)	B4		Henry W. Jent	cine & Sone C	4905	YORK Ra		
(VRA 13, 4)		- 1	TOTAL VV. DELL	VIIIS & SUNS C	o, Ba	ILO, IVIO	Violen /	Traiden Pandall

John July 1177 L. Colored en de la companya de vir are its vir and the control of t and the second of the second o 1 1 1 1 1 1 irri ALL YOUY EARLY tenn ". Jeneins & ons vo., Belto., vo.

and completely filled in by the funeral director, page 3 oges fond 2 should be filed within 72 hours offer death

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within 24 hours ofter

STATE OF MARYLAND

EPARTMENT OF	HEALTH AND MENTAL	HYGIENE
CEDTI	ELCATE OF DEATH	0 7

FOR STATE REGISTRAR	DEPARTM	CERTIFICATE OF DEATH 8 7 REG. NO. 9 / 2 2				
	MIDDLE	LAST	2a. DATE OF DEATH MONTH	DAY YEAR 26 HOUR		
HATTIE	NMI	JENIFER	07	13 87 7:40 pm		
(4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS		
FEMANE_	BLACK			MONTHS DATS HOURS MIN.		
	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIES	9. BALTIMORE CITY OR COUNT			
MARYLAND	0.5.121		_ / / / / / / / / / / / / / / / / / / /	Z CLTY MD.		
	11. NAME OF HOSPITAL, NURSIN	ADDRESS ADDRES	N 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L	12b. KIND OF BUSINESS OR INDUSTRY		
aryland 136 COUR		NOTE YES NO [1228 W. Fra	# St. 5		
JUHN	PUMPHU	परि एडरान	MIDDLE	uガK		
		May M	Fadden 1228			
PART I. DEATH WAS CAUSE IMMEDIA Conditions, if ony, which gove rise to immediate	DBY: CAUSE (0) DUE TO, OR AS A CONSEQUE	PULMUNATUY 1	Annest	APPROXIMATE INTERVAL BETWEEN ONSE! AND DEATH		
underlying couse lost.	((c)					
0 0 .		DEATH BUT NOT RELATED TO THE	E TERMINAL DISEASE OR CONDITION GI	VEN IN PART 110		
190. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERT	S, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES \(\text{NO} \)		
(16 EITHER NOTIFY MEDICAL EXAMINE) 21d INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19 NA	CCURRED (ENTER NATURE OF INJURY IN ITEM 18	PART OR PART 2) COUNTY STATE		
AT WORK AT WORK		7-5	87 10 7-13	19 7, that (I) (we) lost		
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DAVID F.	MOULON, US	22e ADDRESS ZZ.	SOUTH GREENE S	7		
	STATE REGISTRAR CEASED NAME FIRST OR PRINT) HATTIV (FUMAND RTHPLACE ISTATE OR FOREIGN COUNTRY) MANUALL TY OR TOWN OF DEATH AT HOUSE AT RESIDENCE (IF NURSING HOME OR 13b COUNTRY) THERE NAME FIRST VAS DECEASED EVER IN U.S. AR. RES. NO OR UNKNOWN) IB CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if ony, which gove rise to immediate couse (o), storing the underlying couse lost. PART 2 OTHER SIGNIFICANT OF COUNTRIBUTING CAUSE OF DEATH (IF ETHER NOTIFY MEDICAL EXAMINER IN JUNEY OCCURRED WHITE NOT WHITE CAUSE OF DEATH ON COUNTRIBUTING CAUSE OF THE COUNTRIBUTING CAUSE	THERS NAME IS DECEASED EVER IN U.S. ARMED FORCES? IS CAUSE OF DEATH IEnter only one couse per line for (o), (b), on PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o), stoting the underlying couse lost. IF CONTRIBUTING CAUSE OF DEATH CONTRIBUTION CONTRIBUTING CAUSE OF DEATH CONTRIBUTION CO	TEASED NAME TO TOWN OF DEATH THERE NAME TEASED NAME TEASED NAME TEASED NAME TEASED NAME THERE NAME	TRESPONDE IN MIDDLE TAST TO PART S. DATE OF DEATH REG. NO. THERES NAME S. DO. THERES NAME S. DATE OF DEATH REG. NO. THERES NAME S. DO. THERES NAME S. DO. THERES NAME S. DATE OF DEATH REG. NO. THERES NAME S. DATE OF DEATH REG. NO. THERES NAME S. DO. THERES NAME S. DATE OF DEATH REG. NO. THERES NAME S. DO. THERES NAME S. DATE OF DEATH REG. NO. THERES NAME S. DO. THERES NAME S. DATE OF DEATH REG. NO. THERES NAME S. DO. THERES NAME S. DATE OF DEATH REG. NO. THERES NAME S. DATE OF DEATH R		

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TO FUNERAL DIRECTOR, A shauld be detached for use with the State Dept. of Heal APORTANT # hem 21 is

230 BURIAL, CREMA

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The Company of the Party of the Party

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR SOE TENT DATE KNOWN X OF ESTI-25/19 1, 2, AND 3 TO THE FUNERAL DIRECTOR. M. 3. RETAIN PAGE 5 FOR YOUR FILES. D. 2 SHOULD BE FILED, WITHIN 72 HOURS. TAL RECORDS, 201 W. PRESTON STREET, Jenkins DEATH MATED 87 Marie 3. SEX 4. RACE DATE OF BIRTH IF UNDER 1 YR. 6 AGE (IN YEARS IF UNDER 24 HRS. 6:00 P M DATE 76 VDE 10 10 PRONOUNCED BLACK 25/10 87 FEMALE 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED VIRGINIA US DIVORCED Baltimore City, 10. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE! OR INDUSTRY 1406 May Court Baltimore HOUSEWIFE SUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13b. COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS YESTX COURT MARYLAND MAY 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME SES 1, MIDDLE GOODE LAST CAMPBELL SAUNDERS DAISEY MITH FORE 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO **ADDRESS** (YES, NO, OR UNKNOWN) CHART 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (o) stating the under DUE TO, OR AS A CONSEQUENCE OF lying couse lost. USED AS A BURIAL OF HEALTH AND M RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101 CERTIFICATION 19a DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE US AFTER DEATH, WITH THE STATE DEPARTMENT OF BALTIMORE, MARYLAND, 21201 PRIMORE, PRIMORE, MARYLAND, 21201 PRIMORE, MAR BUR YES NO X 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, 21f LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE EXAMINER: 1 CERTIFICATE, ULD BE FORV Inspection X 224. I certify that I took charge of the remains described above, held on Autopsy Notural causes X death resulted from Accident Suicide Homicide Undetermined monner TITLE (SPECIFY) ACTUAL 7/26/87 Assistant SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. ADDRESS 111 Penn St. TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION BURTAL 7-30-87 ZION CEMTERY BALTIMORE MARYLAND 07/B4 BP. 25M 24. FUNERAL DIRECTOR

1721-27 N. MONROE

DHMH - 17

(VR A15 ME (5))

25b REGISTRAR'S SIGNATURE

STATE OF MARYLAND

by the funeral director p filed within 72 hours ofter

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STATE OF MARYLAND

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MEDICAL

OR CONTRIBUTING CAUSE OF DEATH

July

21e PLACE OF INJURY

(AT HOME STREET FACTORY, OFFICE, FARM ETC.)

13

HOUR A.M. MONTH DAY YEAR P.M. 19

211 LOCATION

CITY OF TOWN

COUNTY

STATE

saw the deceased alive an July 13 above, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE

21d INJURY OCCURRED

DEGREE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22c. DATE SIGNED

MICHAEL

LIF EITHER NOTIFY MEDICAL EXAMINER

NOT WHILE

22a.1 certify that (1) (this hospital) attended the deceased from

K.

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22e ADDRESS ST AGNES

ATTENDING

BALTIMORE, MD. HOSPITAL

and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated

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DHMH - 16 60M 7/B4 (VRA 15, 4)

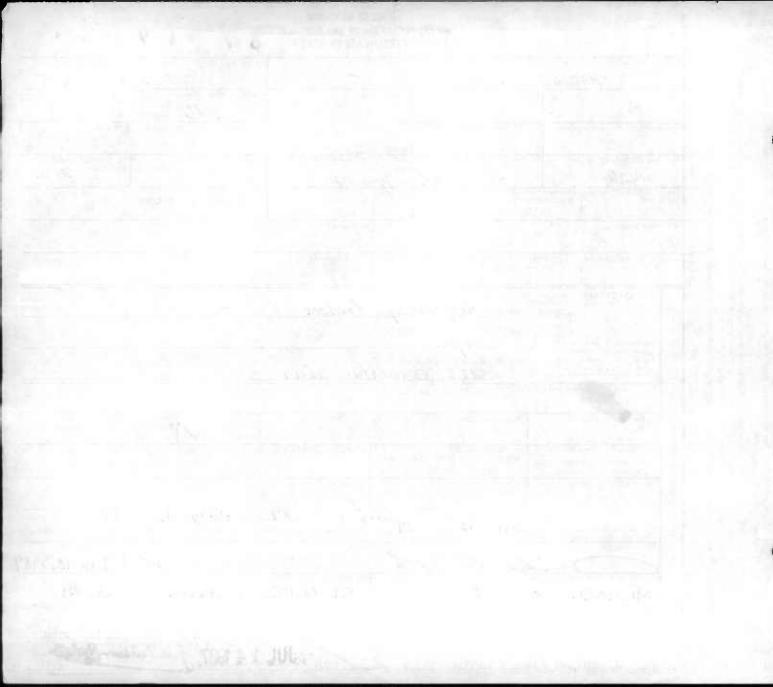
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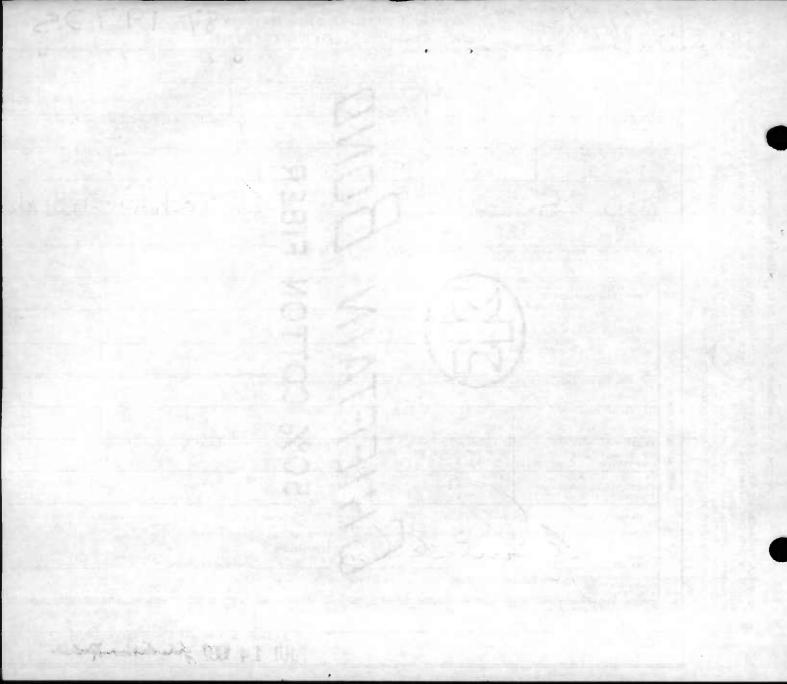
23a BURIAL, CREMATION, REMOVAL 236 DATE BURIAL 7/16/87 23c NAME OF CEMETERY OR CREMATORY LOUDON PARK

23d LOCATION BALTIMORE

MARYLAND

LERCY M. & RUSSELL C. WITZKE FUNERAL HOMES 1630 EDMONDSON AVENUE, CATONSVILLE





STATE OF MARYLAND

HYGIENE

DEPARTMENT	OF	HEA	LTH	AND	MENTAL
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ATTENDING MEDICAL STAFF 7-14-	-67	7-14-	STAFF PHYSICIAN I	MEDICAL	ATTENDING PHYSICIAN	u ill.	2 Mal	wes of	00		4						
724 PHYSICIAN'S NAME (TYPE OR BOINT)			THI SICIAIN L	J DIRECTOR DE	THISICIALL		RINT)	S NAME (TYPE OR P	22d. PHYSICIAN	100	1						
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	1/2/5																
236 BURIAL, CREMATION, REMOVAL 236. DATE 236 NAME OF CEMETERY OR CREMATORY 234 LOCATION COUNTY OF COUNTY O	1215	36 (60-100)	-		0 20 70				I .								
DUDIA: 777 OT IIIIMITATIV	/215.	SCIED - VEI	N N	23d LOCATIO	EMETERY OR CREMATORY	23¢ NAME OF C	23b. DATE	ON, REMOVAL	(SPECIFY)	(-						
BURIAL /-1/-8/ EASTVIEW CEMETARY DUNDALK,	/2/5	COUNTY M	N N			23¢ NAME OF C		ON, REMOVAL	BURIAL, CREMAT (SPECIFY) BURIAL	(

DHMH - 16 60M 7/84 (VRA 15, 4)

FOR STATE

STATE OF MARYLAND

1	9	1	2
REG. NO.		-	

3	3-8	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HYG	SIENE / REG. N	1 9	12	1
V	DE	CEASEDILAME	FIRST		AIDDLE	L	AST	20 DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
2	/		CLARI	ENCE	WILLIAM	JOH	VSON.	JU	LY 19	87	7:55pm
	1.5E	×	4.	RACE		5. DATE C		& AGE (IN YEARS LAST BIR	THDAY) IF UP		IF UNDER 24 HRS
		Male		Wh	nite	Jan		57	YRS.	UATS .	ACIN.
7		RTHPLACE (STATE OF F	OREIGN 71	CITIZENOF	WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY O		DEATH	
1		orth Caroli	ina	US	SA	WIDOWE		BALTIMORE	CTTY		MD.
3	10 CI	ITY OR TOWN OF DEA	TH 1	1. NAME OF H	OSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPAT	ON I		BUSINESS OR
	BAI	TIMORE CIT	Y		GNES HOST			Carpenter		NDUSTRY Self-E	mployed
6	13a. S	AL RESIDENCE (IF NURSI STATE Maryland	136 COUNT		GIVE RESIDENCE BEFORE 134. CITY OR TOW Lansdown	N	13d INSIDE CITY LIMITS?	13e STREET ADDRESS 2341 Monum	ZIP CODE		
_	14. FA	THER'S NAME					15. MOTHER'S MAIDEN NA				
C		William	AAI	O.	Johns		Ida	Belle		Kind	7
-		VAS DECEASED EVER			166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	ŠS		
7		YES, NO OR UNKNOWN)	Korea	WAR OR DATES)	242-40-	0815	Estella V. J	Johnson, 234	1 Monum	ental	Avenue
	CERTIFICATION	Conditions, if any, which gave rise to immediate couse (D), stoffing the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CO				DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	20b. IF YES, WI	ERE FINDING	
	TIE							YES NO	IN CERTIFYING		NO [
		The contribution of the co			M. MONTH DA	AY YEAR	THE HOW INJURY OCCUR	RED (ENTER NATURE OF PHILI	er mulitan ili Padi i	DRPART I)	
	MEDICAL	AT HOSE OCCURS	П	141 HOME STR	OF INJURY HET PACEDRY, OFFICE, F	atm ffc t	THE LOCATION	CH 0410	WH	COUNTY	STATE
		170.1 certify that (II) this hoppdal attended the deceased from 19 to 19 that (we list law the deceased that an 19 and that in (my lour) opinion death occurred on the date and hour and from the course stated about (II) were (did) idid not view thousand other death. 276. SIGNATURE DEGREE ATTENDING MEDICAL STAFF 7/2007 PHYSICIAN DIRECTOR PHYSICIAN									
		22d PHYSICIAN'S NA	ME (TYPE OR	- / /	KEN N	1.D.	Stag	nes Hosp	ntal	1	101
		Burial, Cremation, (SPECIFY) Buri		236 DATE 7/23			emetery or crematory nan Church Cen		lle Ale		
		uneral director abbard Fune	eral Ho	ome, In	c., 4107	Wilke	21223	UL 22 1987	256 REGISTRAR		Radaes

DHMH - 16 60M 7/84 (VRA 15, 4)

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completely filled in by the funeral director, page 3 if and 2 should be filed within 72 hours after death

injury, ar other troumotic event, the medical examiner must be notified at enge

) 1				STATE	OF MARYLAND					
	1	POR DEPARTMENT OF HEALTH AND MENTAL HYGIENE								
	REGISTRAR			CERTIFICATE OF DEATH			REG. NO	9	1	2 8
		CEASED NAME FIRST	WIDDLE	10	AST	2a. DA		MONTH DA	Y YEAR	2b. HOUR
	TYPE OR PRINT! DAVID A. BACE			John SOD			2	7 4	07	I IA A
							6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 H			
	J. JL/	MALE	11. 1	MONTH	DAY YEAR		10		NTHS DAYS	HOURS MIN.
		1 - 14	BIACK	9	28 68		10	YRS		
57	∂a. Bli	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT CO	UNTRY? 8 MARRIEI	NEVER MARRIED	9. BAL	IMORE CITY OF	COUNTY	FDEATH	
5		Md.	U. S. H.	WIDOWE			BALFIN	MORE	C1+	MD.
15	10 GH	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL		R OTHER INSTITUTION		UAL OCCUPATION		12b. KIND C	BUSINESS OR
10	1	SAltimore	THE POT IN SUCH FACILITY .	E A TON	18 l. (ENTE		ISABLE		INDUSTRY	
	USUA	AL RESIDENCE (IF NURSING HOME OR			100				212	02
1	130 0	136 COUN	ITY 13d ZITY	ontown ope	134. INSIDE CITY LIMITS?	? 13e STR	EET ADDRESS		126	1116.
		THER'S NAME	Ph	MINORE	YES NO NO I	NIAME	219 8	. NOF	CAM I	100
20	1	FIRST	MIDDLE .	TAST	FIRST	TANKE	MUALE	1)	LAS	5111
y)		MARIES W	lilliam _	MOSUNOS	LEARII	٤	H.		ARNE	- 1
-		AS DECEASED EVER IN U.S. AR	MED FORCES? 16b SOCI	IAL SECURITY NO.	17 INFORMANT	1 -	ADDRE		. 1.	1 10 1
/		NO	1218.	-84-0010	FEARLIE	H.	JOHNSON	817	18.1	NORTH HU
		18 CAUSE OF DEATH (Enter an	ly ane cause per line far ta), (b), and (c)					BETWEEN	ONSET AND DEATH
		PART I. DEATH WAS CAUSE	D BY: TE CAUSE (a) Pro	10mon12					2	Dan
		IMMEDIAI	2 0,1000 (10)							
		Condition 10 111	DUE TO, OR AS A CO	ON COMPANY					218	Q c.
		Conditions, if any, which gove rise to immediate	(b) 7(3)	J. HOOT FOR					1	
	15.1	couse (a), stating the underlying cause last	DUE TO, OR AS A CO	INSEQUENCE OF						
		didenying cause last	((c) 5	515010						
	-	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUT	ING TO DEATH BUT	7	RMINAL DI	SEASE OR COND	ITION GIVEN	IN PART 1	0
	CERTIFICATION	tani	DOEN Kil	ronic	SLICE 628					
a	CAT	190 DATE OF OPERATION	19b. CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	20a	AUTOPSY?	206 IF YES, V		NGS USED S OF DEATH?
V	E E	C 17 30 30				YES	0 NO	YES		NO [
	CER	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c. HOW INJURY OCC	URRED (EN	TER NATURE OF INJUR	Y IN ITEM 18 PAR	I ORPART 2)	
1		OR CONTRIBUTING CAUSE OF DEA		NTH DAY YEAR						
7	MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY		21f. LOCATION	-				
	ME	WHILE NOT WHILE	(AT HOME STREET, FACTOR		STREET		CITY OR TOV	VN	COUNTY	STATE
		AT WORK AT WORK		1/21	eun Sulf	-7	71	٧	32	
		72s.1 certify that (I) (this hospit	10 TOP 1 4 4		d that in (m) (aur) apini	ta,				that (1) (we) lost
	100	saw the deceased alive on above (11 Ar) Idid add not) view the body after dear			ion death ac	corred on the da	te and haut o		
		226 SIGNATURE	1		DEGREE ATTENDING	. MED	ICAL STAF	-	22c. DATE	SIGNED
		2400	<u></u>		PHYSICIAN	MED DIREC	TOR PHYSIC		14	4/84
1		224 PHYSICIAN'S NAME TYPE O		,	22e ADDRESS			- 0		
1		SIEVE	HARRISO	W	1205.	GRi	ERNE S	T., B	alt.	Md.
	23a. B	URIAL, CREMATION, REMOVAL	23b. DATE	23t. NAME OF C	EMETERY OR CREMATOR	RY 236	LOCATION			
	(SPECIFY)					CITY OF TOWN		COUNTY	STATE M.A
	74. FI	Burial UNERAL DIRECTOR	7-9-87	Eing	Memorial 1250 [DATE REC'D	Randa BY REGISTRAR			Md.
84		March Funer	al Home 1	APPOIE.	orth Ave.		1027		Devider	
							140/	0		

DHMH 16 60M 7/84 (VRA 15, 4)

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IMPORTANT: If them 21 is marked by

TO FUNERAL DIRECTOR: After the contribution of the place of the offending physicion and should be detached for use as the broad trained from the place remove carbon papers. Pages with the State Dept. of Health and William Higher from to buriol, cremation, or remarkal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the retained by the hospital or attending physician.

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	3).		A - 68	1.10
	100	4)	Marine and a second and a second	
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Malus Andrews			brings 17 min	
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AND THE PERSON OF THE	T. 101.		he Although the L	

07/84 25M

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FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

MEDICAL EVAMINER'S CERTIFICATE OF DEATH

-	0	1	-)	0
R	G. NO9	-	Ca	1

	PEOR PRINT)	DENN:		JOHNSON				OF ESTI		7-31-879	
3. SE	lale	Black	5. DATE OF BIRTH 12/28/55		ARS IF UNDER 1 YR. AY) MONTHS DAYS RS.	HOURS	MIN PR	DATE ONOUNCED DEAD		731-8719	Ř
FC	RTHPLACE PREIGN COUNTY THE LATE	RY)	76. CITIZEN OF WHAT	COUNTRY?	8. MARRIED XN	EVER MARR	IED U	Baltimore of Baltim		City	
	Bal	vn of DEATH Limore	11 NAME OF HOSPITA	Y. GIVE STREET ADDRESS) KINS hosp.	ital	UTION		OCCUPATION T OF WORKING LIF		F WORK 12h KIND OF OR INDU	
	at RESIDEN		OR OTHER INSTITUTION, GIVE RE	SIDENCE BEFORE ADMISSI Baltimore	AEZ K	CITY LIMITS?	130 2812	ADDRESS Fores	t G1	len Road 2	12
14. F/	Tho	nas Joh	nson	EAST	I	Esther		MIDDLE		hnson	
(1	WAS DECE. res, NO. OR UP yes	ASED EVER IN U.S. AR.	med forces? war or dates! rmy Reserve	66. SOCIAL SECURIT 217-66-73			ohnsor		Fore	est Glen Ro	ı.
		itions, if ony, which rise to immediate									
NO	caus lying	e (a) stoting the <u>under-</u> couse lost.		A CONSEQUENCE		DN GIVEN IN PA	IRT 1 (a				
TIFICATION	PART 2 DTH	e (a) stoting the <u>under-</u> couse lost. ER SIGNIFICANT CONDITIONS OF OPERATION	DUE TO, OR AS (c) CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERM			RT 1 ta			20 AUTOPS	
NCAL CERTIFICATION	PART 2 DTH	ER SIGNIFICANT CONDITIONS OF OPERATION RNAL CAUSE WAS ING SOR UTING CAUSE OF	DUE TO, OR AS (c) 19b. CONDITION 21b. TIME OF IN, HOUR A.M. M. DEATH 6: 05p. PM	NOT RELATED TO THE TERM N FOR WHICH OPER JURY 10 NTH DAY 787	AINAL DISEASE DR CONDITI	RMED?	D LENTER NAT			YES	
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MEDICAL CERTIFICATION	PART 2 DTH 19a DATE 21a EXTE UNDERLY CONTRIE 21d INJU WHILE AT WOR	ER SIGNIFICANT CONDITIONS OF OPERATION RNAL CAUSE WAS ING MOR OF OPERATION RNAL CAUSE WAS ING CAUSE OF OPERATION OF OPERATION RNAL CAUSE WAS ING AUSE OF OPERATION OF OPERATION RNAL CAUSE WAS ING AUSE OF OPERATION OF OPERATION RNAL CAUSE WAS ING AUSE OF OPERATION OF OPERATION RNAL CAUSE WAS ING AUSE OF OPERATION OF OPERATION RNAL CAUSE WAS ING WAS IN	DUE TO, OR AS (c) (CONTRIBUTING TO DEATH BUT I 19b. CONDITION 21b. TIME OF IN. HOUR A.M. M 6: 05p. PM 21e. PLACE OF I STREEL, FACTORY	NOT RELATED TO THE TERM N FOR WHICH OPER JURY ONTH DAY TO THE TERM NOTE: FARM, ETC.) TO THE TERM NOTE: TO THE TERM N	RATION WAS PERFO 21c. HOW INJUR CONTROL 21f. LOCATION 1000 N. Autodsy X.	ormed? Y occurre of a m	notorcy notorcy ngton Undetern	/cle/au	ito c Ba	YES X2	/la
	PART 2 DTH 190. DATE 210. EXTE UNDERLY CONTRIE 270. I death re ACTUAL SIGNATI EXAMINE (TYPE OR	ER SIGNIFICANT CONDITIONS OF OPERATION RNAL CAUSE WAS ING XOR UTING CAUSE OF RY OCCURRED AT WORK certify that I took charge certify that I took charge suited from Natural	DUE TO, OR AS (c) 19b. CONDITION 19b. CONDITION 21b TIME OF IN, HOUR A.M. M DEATH 6: 05p. PM 21e PLACE OF I STREET, FACTORY STREET, FACTORY STREET FACTORY STREET FACTORY THE PLACE OF I STREET FACTORY STREET FACTORY THE PLACE OF I STREET	NOT RELATED TO THE TERM N FOR WHICH OPER JURY 7-30-87 NJURY NJURY (AT HOME. FARM, ETC.) SMYTTH, M.	AINAL DISEASE DR CONDITI	COlli	ngton Undetern	ycle/au Avenue Inquiry	e Ba	YES XO YES XO TO THE TOTAL TO THE SECONDARY OF THE SECONDARY OF THE TOTAL TH	y Va:

EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN FENCIL IN ITEM 18, PACKE 4 SHOULD BE KORWARDED TO THE CHIEF MEDICAL EXAMINER ALCING WIT TO FUNERAL DIRECTOR, PACKE 3 SHOULD BE USED AS A BURIAL. TRANSIT FRANT AFTER DEATH WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGINE. BALTIMORE, MARVIAND, 21201 PRIDR TO BURIAL, CREMATION, OR REMOVAL.

DHMH - 17 (VR A15 ME (5))

02/84 2584

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

JE.	43	RESISTIAR		WEI	DICAL EXA	MINER'S	CERTIFICATE	OF DEA	THE REGIN	10.9	1 3 6	
		CEASED NAM	E EIRST		WIDDLE		LAST		20. DATE KNOWN	MONTH	DAY YEAR	26 HOUR
V	COM	E OR PRINT!	Estee		D.	T	ohnson	19	OF ESTI-		24/1987	
	I SEX		4. RACE	5. DATE OF BIRTH				ER 24 HRS.	2c. DATE	MONTH	DAY YEAR	2d HOUR
п	m	ala	Mannis	MONTH DAY		T BIRTHDAY) MON	THS DAYS HOURS	MIN.	PRONOUNCED DEAD	7 (24/ 07	12:04
1	Zo Bil	RTHPLACE JS	Negrow	76. CITIZEN OF WH	-26 6	YRS.			9 BALTIMORE CITY	OR COUNT	24/19 87	Рм
	FOI	REIGNEOUNT	1/22	110	✓		RIED NEVER MAR					
	NO)I TIL	alotha	11.2.	14:		WED X DIVOR		Baltimor			MD.
3	10. CII	TY OR TOWN		(IF NOT IN SUCH FAC	CILITY, GIVE STREET AD	DDRESS)	HER INSTITUTION		JAL OCCUPATION (TO OST OF WORKING LIFE)	PE OF WORK	OR INDUSTR	IY
-			ltimore		. Wolfe			re	tired	2	2 2	
1	13a. S1		(IF IN NURSING HOME OF		E RESIDENCE BEFORE	ADMISSION)	134. INSIDE CITY LIMITS?	13e_STR	EET ADDRESS A	0.0	0310	1
5		MDo	IJW. COOKI		BAL	70.	YES NO	20	II No h	Mite	Stre	et
	14 FA	THER'S NAMI	E		10.1-		15. MOTHER'S MAII	DEN NAME		<i>V</i>		
	T	Tim	nn	WIDDLE	lohn's	do	mary		MIDDLE	1	OCK 6	2++
-	16a. W	VAS DECEASE	D EVER IN U.S. ARM	ED FORCES?	16b SOCIAL SE	CURITY NO.	17. INFORMANT		ADDRES	S	_00.11	
t		ES. NO OR UNKNO			1941-2	1-1880	Helina	166	- or n 10	SO E.E	in 1cto	1000
1		150			070 7	1000	Majima	172071	nson 1x	JULIC	193141	1100
3			OF DEATH (Enter only EATH WAS CAUSED						,		APPROXIMATE BETWEEN ONSET	AND DEATH
		10	IMMEDIAT	E CAUSE (o)			atosis wit	h Cac	hexia			
		C. Pris	14	DUE TO, OR	AS A CONSEQU	IENCE OF						
			ns, if any, which ise to immediate	(b)								
		cause (o lying cou) stoting the under-	DUE TO, OR	AS A CONSEQU	ENCE OF						
		lying con	vse 1031.	(c)								
		PART 2 OTHER 5	IGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH B	BUT NOT RELATED TO	THE TERMINAL DISE	SE OR CONDITION GIVEN IN I	PART 1 to				
	20	LESS.										
7	CERTIFICATION	19a. DATE OF	OPERATION	196. CONDIT	ION FOR WHICH	H OPERATION	WAS PERFORMED?				20 AUTOPSY?	
4	. Bic	100		T. 2000							YES 🗆	NO 🖹
	100	21a EXTERNA	AL CAUSE WAS	216. TIME OF	INJURY	21c. 1	OW INJURY OCCURE	RED (ENTER)	NATURE OF INJURY IN ITEM T	8 PART I OR PART		140 (3)
3		UNDERLYING	G DOR		MONTH DAY	YEAR						
4	MEDICAL	21d INJURY	NG CAUSE OF D		FINJURY (AT F	19 10ME 211 11	OCATION					
	ME	WHILE	NOT WHILE		ORY, EARM, ETC.	TOME, LETT E	STREET		CITY OR TOWN	COUP	NTY	STATE
	100	AT WORK	AT WORK									
1	1	22a. I certi	ify that I took charge	of the remains desc	cribed obove, he	ld on Auto	psy , Inspect	ion X	Inquiry , o	nd in my opi	nion	
	11.7	deoth result	red from: Nature	ol couses	Accident .	Suicide			ermined monner			
	RJ	100	110		K W		TITLE (SPECIFY)		14971			
		ACTUAL SIGNATURE	m	inple 1	meye	MILL	,	int wen	ICAL EXAMINER	DATE	7/25/8	37
2	18	SIGIRATURE.			90		VI.D	MED MED	ILAL EXAMINER	SIGNED	.,, 23, 0	
7		EXAMINER'S TYPE OR PRI		garita A.	Korell.	M.D.	_ADDRESS	111 P	enn St.			
	73c B1	4	TJON, REMOVAL 23									
	42 A	CREMA	ION, KEMOVAL Z	2/30/01	7 COL NAME		OR CREMATORY VE		ORTOWN N	1 / COUNT	TY STA	179
19	24 EI	UNERAL DIREC	101	1000	1 cari	1500	Tores + Ce		W1119/1/	SISTRAR'S SIG	1110	-
	1	NEKAL DIKEL	0 6.	ADDRESS	1125	0-1	CA DATE	IL OO	REGISTRAD 256 REC	DISTRAR'S SI		200
	1.0	alvin	DOCK	995 14	114	resto	1000	LZO	1901 (11	a Dand	VIII Candal	16

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IMPORTANT

BUSIN

24 FUNERAL DIRECTOR

of Health and Mental Hygiene

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FOR - STATE 87 REGISTRAR DECEASED NAME

TYPE OR PRINTS

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FIRST

George

DEPARTM	STATE OF MARYLA ENT OF HEALTH AND N CERTIFICATE OF D	ENTAL HYG	IENE 7	REG. NO.	9 /	3		
MIDDLE	LAST		20 DATE OF D	EATH MONT	H DAY	YEAR	26 HOUR	
A	Johnson		July :	30, 198	37		1:25 P.	M
2	5. DATE OF BIRTH	VEAR 09	6 AGE LINYEA		MONTH YRS	DER 1 YEAR DAYS	IF UNDER 24 HRS	_
F WHAT COUNTRY?	MARRIED NEVER M	APPIED []	9 BALTIMORE	CITY OR CO	UNTY OF D	EATH		
SA		ORCED	Balt	imore (ity		M	D.
FHOSPITAL, NURSING UCH FACILITY, GIVE STREET A and Genera	7 11 9 7	TUTION	120 USUAL OC (TYPE OF WORK F	CUPATION OR MOST OF WOR	KING LIFE) IN	b. KIND OI IDUSTRY	BUSINESS OF	R
130. CITY OR TOWN		IY LIMITS?	3406	DORESS / ZIP		Rd	# 2/21	5
LAST	15 MOTHER'S	MAIDEN NA/		MIDOLE		IAST		
ID HINSON		19 CY			0	pper		
166 SOCIAL SECUE	RITY NO 17 INFORMAL	11		ADDRESS				
212-07-2	702 VIVIA	N ME	adison	340	6 EI	lama	NT Ra	
Septic Si						APPROXU BETWEEN O	AATE INTERVAL INSET AND DEATH	
OR AS A CONSEQUE Cerebrova	NCE OF ASCUlar Acci	dent, 1	Respira	tory Fa	ilure			
OR AS A CONSEQUE Cardiac /	NCE OF Arrhythmia							
CONTRIBUTING TO D	EATH BUT NOT RELATED	TO THE TERM	INAL DISEASE	OR CONDITIO	N GIVEN IN	PART 1:0		
rebrovascu rebrovascu r	lar Accident							
	OPERATION WAS PERFOR	RMED	200 AUTOP		IF YES, WE			_
				IN O	CERTIFYING	CAUSES	OF DEATH?	

CITY OR TOWN

Came

Balto

BY REGISTRAR 36

3. SEX 4 RACE 7a. BIRTHPLACE I STATE OR FOREIGN 76 CITIZEN C COUNTRY 4. 11. NAME O ID. CITY OR TOWN OF DEATH (IF NOT IN S Baltimore Mary USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTE 130 STATE 136 COUNTY M 14 FATHER'S NAME MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES HE YES, GIVE WAR OR DATES (YES NO OR UNKNOWN) IS CAUSE OF DEATH (Enter only one cause p PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)_ DUE TO Conditions, if ony, which (b)_ gave rise to immediate cause (a), stating the DUE TO underlying cause last. (c) PART 2 OTHER SIGNIFICANT CONDITIONS CERTIFICATION Hypertension, Cer 190 DATE OF OPERATION 19b CON YES NOIXIX YES [] NO [210. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL P.M 19 (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE STREET (AT HOME STREET, FACTORY, OFFICE FARM, ETC) NOT WHILE 220.1 certify that (i) (this haspital) attended the deceased from sow the deceased always 20, 19 87 and that in (MX our) opinion death accurred an the date and have and from the causes stated obove. (A (we) (did) (payor) view the bady after death. DEGREE 22¢ DATE SIGNED 226. SIGNATURE MEDICAL STAFF ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS c/o Maryland General Hospital 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 236. DATE

DHMH - 16 60M 7/84 (VRA 15, 4)

0

DHMH - 16 60M 7/8-(VRA 15, 4)

060639

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Jt.01	REGISTRAR				CERTII	FICATE OF DEATH	8 7 REG.	NO I	9 7	3 9
	EASED NAME	FIRST		MIOOLE		LAST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR P
TITPE	G I	LBER	T LAM	IONT	JO	HNSON	JULY 20	TH,	1987	6:30 _M
3. SEX	211112	200	4. RACE		S. DATE O		6 AGE (IN YEARS LAST	BIRTHOAY	IF UNDER 1 YEAR	R IF UNDER 24 HRS
	Male		Black		WOTI	18 48^8	39	YRS	MONTHS DAYS	HOURS MIN.
7a, BIR	THPLACE (STATE OR DUNTRY) MD	FOREIGN	76. CITIZEN OF		RY? 8	D NEVER MARRIED	9 BALTIMORE CITY			
5051				SA	WIDOW	ED DIVORCED	BALTI	MORE	CITY	MD
	BALTIMO	RE	THE	JOHNS	HOPKI	OR OTHER INSTITUTION NS HOSPITAL	CLASS OF THE STATE		Tic Sch	of BUSINESS OR
13a. S		13b. COUN	OTHER INSTITUTION, NTY	Baltin		13d. INSIDE CITY LIMITS? YES MO	3803 Ford	ZIP COI	^{DE} Rd.	21215
14. FA1	Wilbert		MIDOLE J	ohnson		15. MOTHER'S MAIDEN N Evelyn	AME		Thomas	AST
16a. W (Y	AS DECEASED EVER		MED FORCES? (E WAR OR DATES)	166 SOCIALS 214-50-		Bertina Youn		ress nd Rd.	850	
	18 CAUSE OF DEAT PART I. DEATH W			line for (o), (b)	, and ici				APPRO: BETWEEN	XIMATE INTERVAL
	PARTI. DEATH W		E CAUSE (a)	Cardio	pulmi	mary arres	*		10	min
2.7			DUE TO, O	R AS A CONSE	QUENCE OF				2.	100 %
5	Conditions, if ony gove rise to imi		(b)_	preum	MIA				21	weeks
	couse (a), stating underlying cause	ng the	DUE TO, O	RAS A CONSE					1 1	year
	PART 2 OTHER SIGI	NIFICANT ((0)			NOT RELATED TO THE TER.	MINAL DISEASE OR CO	NDITION G	SIVEN IN PART 1	10
NO										
CERTIFICAT	190. DATE OF OPERA	TION	19b. CONDI	ITION FOR WH	ICH OPERATIO	ON WAS PERFORMED	20a AUTOPSY?	IN CERT	'ES, WERE FINDI TIFYING CAUSE: YES	INGS USED S OF DEATH? NO [
	21a. ACCIDENT WAS UNI	_	1 110110 4	F INJURY M. MONTH	DAY YEAR	21c HOW INJURY OCCU	RRED (ENTER NATURE OF IN	JURY IN ITEM 18	8 PART I OR PART 2)	
8	(IF EITHER NOTIFY MEDI		NIP -		19					
ME	21d. INJURY OCCUR		21a, PLACE ((AT HOME STR	OF INJURY REET, FACTORY, OFF	ICE, FARM ETC }	211 LOCATION STREET	CITY OR	IOWN	COUNTY	STATE
	22a. I certify that (I) sow the decease above, (I) (we)				0.0	nd that in (my) our opinion	, 10	Ø date and ha	, 19	that (II we lost couses stated
	226. SIGNATURE	te	A			DEGREE MO ATTENDING PHYSICIAN	MEDICAL ST	AFF ICIAN X	22c. DATE	20187
	JONAT			LESTEIN		600 N. V	HOUTE ST	OFC:	- 0 11	h Ua 2
23a BI	JRIAL, CREMATION.		23b. DATE			EMETERY OR CREMATORY		100	Bal	
	Cremation		7/23/8			ew Mem. Pk.	Baltimo	re	CO.	MD STATE
24 FUI	NERAL DIRECTOR						TE REC'D. BY REGISTRA		STRAR'S SIGNA	
Wm	. C. Marci	h F/H	1101 E	. North	h Ave.	JU	L 23 1987	Julia ,	Jander . K	marks

time promotogodist 23134E LASY I 1 + 2 | 2 | T | X | D | O P | the same LOUISITIAN SUITABLE TO WE AND THE BEAUTY OF THE SAME O

Tal Pa Pie

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

0.50	0/		STATE REGISTRAR		MED	ICAL EXAMIN	IER'S	ERTIFICAT	E OF DEAT	H RECA	NO. 9	1 2	ž
059	992 101	20	E OKPRINT)	FIRST		MIDDLE		LAST		DATE KNOWN		GAY YEAR	26 HOUR
	S. S	113	C C C C C C C C C C C C C C C C C C C	GLO	RIA	Silver Jo	OHNSO	N	- 86	OF ESTI- DEATH MATED	7-12	-8719	M
	DIRECTOR. DIRECTOR. DUR FILES. 72 H DN STREET	3. SE>		ace lack	5. DATE OF BIRTH MONTH DAY 11 18	VEAR LAST BIRTHD	AY) MONT		DER 24 HRS. 20	DATE RONOUNCED DEAD	MONTH	-87 ₁₉	10:4
•	NECESSARY, PLEASE UNERAL DIRECTOR. 5 FOR YOUR FILES. W PRESTON STREET	70. BI	RTHPLACE (STATE OF REIGN COUNTRY)	DR	US A	AT COUNTRY?	8. MARRI WIDOW		ARRIED [Baltimore cit	_	Y OF DEATH	AAD
	PAGE :	100	TY OR TOWN OF D Baltimore	DEATH	(IF NOT IN SUCH FAC	PITAL, NURSING HOM ILITY, GIVE STREET ADDRESS) Park Hgts	E, OR OTH	ER INSTITUTION	12a USUA	L OCCUPATION (ST OF WORKING LIFE)	-	OR INDUST	
. 21201	2, AND 3 TO SET AND DE SET AND	13a. S	Md Md	136 COUNT		ERESIDENCE BEFORE ADMISS 130. CITY OR TOWN Baltimore				TADDRESS 618 Park	21 Height	215 s Terr	ace
BALTIMORE, MD.	T S S S S S S S S S S S S S S S S S S S	2	McCoy		WIDDLE	s Silver		15. MOTHER'S M FIRST Ethe		WIDDLE		Bagley	
BALTIM	JRS AFTER DE B. GIVE PAGE WITH FORM I. PAGES I AN DIVISION OF	160. V	VAS DECEASED EV ES. NO, OR UNKNOWN) NO	(IF YES, GIVE V	WAR OR DATES)	166 SOCIAL SECURIT		Clinton	Silve	4201		lview Ro	ad
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CORDS	WULD BE EXE "PENDING" FF MEDICAL SED AS A BU HEALTH AN AL, CREMAT	NO	PART 2 OTHER SIGNIFIC	CANT CONDITIONS O	ONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERA	AINAL DISEASI	OR CONDITION GIVEN	IN PART 1 (a)				
ITAL RE	SHOULD ORD "PEL OR LEE N SE USED A SURIAL, C	CERTIFICATION	19a. DATE OF OPE	RATION	19b. CONDIT	ION FOR WHICH OPER	RATION W	AS PERFORMED?				20 AUTOPSYS	NO [
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	HIS CERTIFICATE SHOULD WRITING THE WORD "PER ARABED TO THE CHIEF M ACE 3 SHOULD BE USED A TIE DEPARTMENT OF HEA TIED PRIOR TO BURIAL, C	CAL CER	210. EXTERNAL C. UNDERLYING CONTRIBUTING	OR CAUSE OF D		INJURY MONTH DAY YEA 19	21c. HC	OW INJURY OCCU	JRRED (ENTER NA	TURE OF INJURY IN ITEM	18 PART I OR PART	7 2)	
DIVISI	I: THIS CERT TE, WRITING RWARDED I: PAGE 3 Sh STATE DEP), 21201 PR	MEDICAL	21d INJURY OCC WHILE NO AT WORK AT	URRED OT WHILE WORK	21e PLACE O STREET, FACTO	F INJURY (ATHOME, DRY, FARM, ETC.)		CATION		CITY OR TOWN	COUP	NIY	STATE
•	TO MEDICAL EXAMINER: 1 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2		27a. I certify th death resulted fr ACTUAL SIGNATURE		V	ribed obave, held an Accident , Su	Autop	, Hamicide TITLE (SPECIF		Inquiry	and in my api	7_13_	-87
	TO MEDIC EXECUTE TI PAGE 4 SH TO FUNER AFTER DEA		EXAMINER'S NAA (TYPE OR PRINT)		Margarita	A . Korel		ADDRESS	111 P	enn Stre			
07/84	Bb				7/17/87	136. NAME OF CE King Me	metery o			idallstow		M	đ
25M	DHMH - 17 (VR A15 ME (5))		NAME C.		F/H West	4300 Wabas	h Ave		L 17 1	BR Aut	GISTRAR'S SIG	GNATURE	-

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DEPARTMENT	OF	HE	ALTH	AND	MENTAL	H

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DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENE
CEI	RTI	FICATE	OF	DEATH	

TIFICATE OF DEATH	8 / REG. NO.	9/34
LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
Johnson	7	15 87 2:13AM
TE OF BIRTH	A AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
ONTH DAY YEAR 36	3051 vo	MONTHS DAYS HOURS MIN
RRIED NEVER MARRIED	9 BALTIMORE CITY OR COUL	
OWED DIVORCED	00-111	MD.
ME OR OTHER INSTITUTION	(TYPE OF WORK FOR MOST OF WORKIN Bus Driver	12h. KING OF BUSINESS OR INDUSTRY
ON)		
13d. INSIDE CITY LIMITS? YES NO 🖫	BOX Z31	20657
15. MOTHER'S MAIDEN NAM	ME MIDDLE	LAST
Inez	Model	Gouff
O. 17 INFORMANT	ADDRESS	
Catherine Joh	nnson Box 231	Lusby, Md
		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
a		
opathy		
F)		
o vasuular a	cuident	
BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 110
TION WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?
	YES NO	YES NO
AR	RED (ENTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2}
211 LOCATION		
STREET	CITY OR TOWN	COUNTY STATE
12 19 87	10 7 15	
, and that in (my) (our) opinion (
DEGREE		22c. DATE SIGNED
ATTENDING PHYSICIAN F	MEDICAL STAFF	1 7/15/87

à ould be detached in the Store Dept. MPORTANT

CERTIFICATION

FOR

- STATE

(TYPE OR PRINT)

COUNTRY)

USUAL RESIDENCE

MO

4, FATHER'S NAME

Danie1

LYES, NO OR UNKNOWN

Conditions, if ony, which gove rise to immediate couse (a), stoting

AODM 190 DATE OF OPERATION

210. ACCIDENT WAS UNDERLYING

21d INJURY OCCURRED

22b. SIGNATURE

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

NOT WHILE

sow the deceased alive on.

underlying cause

VCLES

13a. STATE

3. SEX

REGISTRAR I. DECEASED NAME

M TO BIRTHPLACE (STATE OR FOREIGN

Maryland

CITY OR TOWN OF DEATH

Baltimore

FIRST

Henr

13b. COUNTY

WAS DECEASED EVER IN U.S. ARMED FORCES?

1955

Calvert

MIDDLE

(IF YES, GIVE WAR OR DATES)

18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH

22a. I certify that (1) (this hospital) attended the deceased from

obove, (1) (we) (did) (did not) view the body ofter death

236 DATE

July 18.

1957

4. RACE

Black

USA

ISING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISS

76. CITIZEN OF WHAT COUNTRY?

NAME OF HOSPITAL, NURSING HO (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS

Lock Raven VA

13c. CITY OR TOWN

LAST

166 SOCIAL SECURITY N

AS A CONSEQUENCE C Cardiom

MONTH DAY YE

cerepr

32 8275

Lusby

Johnson

DUE TO, OR AS A CONSEQUENCE O

19b. CONDITION FOR WHICH OPERA

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC

21b. TIME OF INJURY HOUR A.M.

P.M.

21e PLACE OF INJURY

JUL 28 87

tor, page 3 after death

DHMH - 16 60M 7/84 (VRA 15, 4)

FUNERAL

0

230. BURIAL, CREMATION, REMOVAL (SPECIFY) Buria]

23c. NAME OF CEMETERY OR CREMATORY 87 Zion Hill Chr. Cem.

22e. ADDRESS

23d LOCATION

COUNTY Lusby Calvert

Md

STATE

24. FUNERAL DIRECTOR

Spencer E. Sewell Box 31 Prince Frederick, Md

Lock Raven VA HOSP

250 DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

2 11 7		1 " MERNI	-7	5 -4	
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OF ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours offer death. Page 4 may be

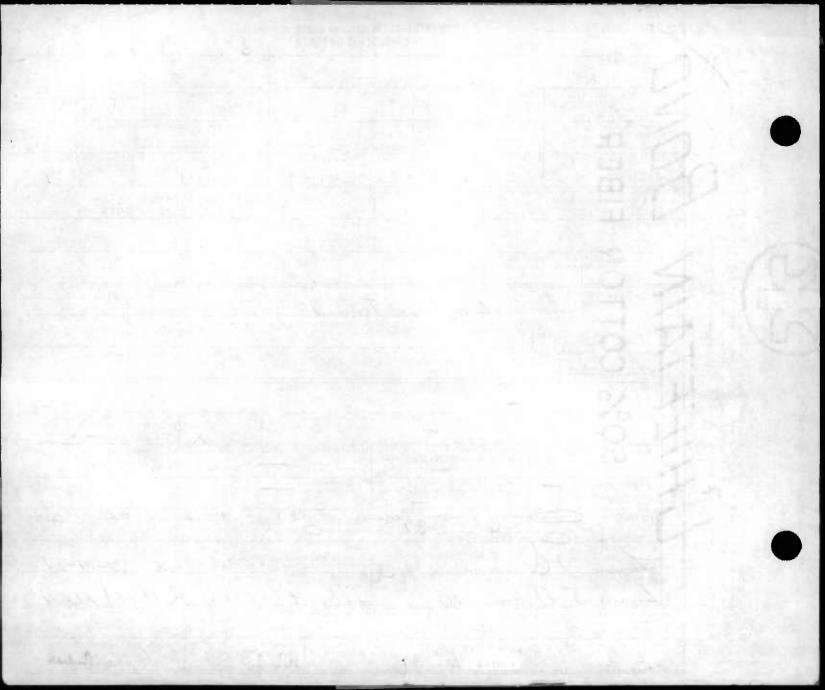
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STATE OF MARYLAND

6 0 JUL	STATE NEGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE REG. NO. 1	9 7 3 5
me X	7. DECEASED NAME 1991	MEDIA	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
8.9/	John John	R.	Johnson	7	12 1987 M
actor a	male	black	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHOAY) 78 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS
in 72 hou	78 BIRTHPLACE (STATE OR FOREIGN COUNTRY) Va	76. CITIZEN OF WHAT COUNTRY USA	MARRIED M NEVER MARRIED WIDOWED DIVORCED	Baltimore city or count	
by the fu	10. CITY OR TOWN OF DEATH Baltimore	(IF NOT IN SUCH FACILITY, GIVE STREE	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	176 KIND OF BUSINESS OR
illed in b	USUAL RESIDENCE (IF NURSING HOME OF 130, STATE 13b COU	OR OTHER INSTITUTION GIVE RESIDENCE BEFO	RE ADMISSION) NN 113d INSIDE CITY LIMITS?	Retired 13. STREET ADDRESS / ZIP COL 1510 W. Moshe	DE 21217
sho sho	14 FATHER'S NAME	Daicino	15. MOTHER'S MAIDEN NA	1 1510 W. Moshe	r Street Apt 4
ond ond sexon	John	Johns		B.	Frazier
Poges medicol	160 WAS DECEASED EVER IN U.S. AI {YES, NO OR UNKNOWN} {IF YES, G	RMED FORCES? 166 SOCIAL SEC IVE WAR OR OATES) 216-05-6		ADDRESS	Apt 4 G
nysicion popers. ovol. nt, the		only one cause per line for (a), (b), a ED BY.		15011 1510 W. M	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
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tendi on, or umoti	Conditions, if any, which	DUE TO, OR AS A CONSECU	JENCE OF		
e remote cremate	gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEOU	JENCE OF		TO ALVE
711	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION G	IVEN IN PART Tra
[]	NO	-			
1112	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING [196. CONDITION FOR WHICH	HOPERATION WAS PERFORMED		ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? TES NO NO NO
of from the	00 50110010110110	ATH HOUR A.M. MONTH D	AY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
the training of the cond Meri	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED AMUE ALWORK ALWORK ALWORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	19 211 LOCATION STREET	CITY OR FOWN	COUNTY STATE
A March	220.1 certify that (1) this hasp	attended the deceased from			, 1907 , that (we) lost
MECTO per of pr of pr of	above, (1), (va) (did) (did no	7 - Co view the body after death.	DEGREE	deoth accurred on the date and ho	22c. DATE SIGNED
RALDI detach mare De	Jun 21	Vanier	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	7-14-87
O FUNES hould be out the St APORTAN	Louis J.	Demenici 1711	22 South	wears St By 18	Indaisor
	230 BURIAL, CREMATION, REMOVAL (SPECIFY)		NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
	Burial 24 FUNERAL DIRECTOR	7/16/87 A		Irk Arbutus E REC'D. BY REGISTRAR 256 REGIS	TRAP'S SIGNIATURE
- 16 60M 7/B4 (RA 15, 4)	Wm.C. March 4:	300 Wabash Avenu	e · JUL	15 1987	Dandon Pandall



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DIVISION OF VITAL RECORDS, 201 WITHER TONST., PAITINGE, MARYTAND 21201	58	24	12	
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	OR A	DIRE	Dept.	
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires: 1974 Cell Actions be executed within 24 hours offer 1991 for planty by	TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending provide on and completely filled in by the funeral director pour should be detected for use as the burial-transit permit. Then places remove cologopers, Pages 1 and 2, should be filled within 17 hours the cologopers.	with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or moves. IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic recent, This madical examiner must be halfur than the	

Phys March

BALTIMORE THE JOHNS HOPKINS HOSPITAL USUAL RESIDENCE IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 130. STATE Md. 131. COUNTY 132. CITY OR TOWN Balto. 134. INSIDE CITY LIMITS? YES NO NO NOTHER'S MAIDEN NAME Sterling R. Rideout 15. MOTHER'S MAIDEN NAME Sterling R. Rideout Laura 166. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DAIES) 160. SOCIAL SECURITY NO. 220-52-3551 Yanya A. Wajid 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUIS TO OR AS A CONSEQUENCE DE: DUIS TO OR AS A CONSEQUENCE DE:	3 6
1. DECEASED NAME	Zh HOUR
JOYCE Rideout JOHNSON 3. SEX Female Black Female Female Black Female Female Black Female Fe	1
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IMMEDIATE CAUSE (o)	MATE INTERVAL ONSET AND DEATH
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gove rise to immediate couse (a), stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF Meditor (c) DUE TO, OR AS A CONSEQUENCE OF Meditor 20	6415
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HOUR AM MONTH DAY YEAR	
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270.1 certify that (1) (this bosoital ottended the deceased from	tho (h) (we) lost couses stated
DEGREE 2726. SIGNATURE DEGREE ATTENDING MEDICAL STAFF DIRECTOR	1/87
270 PHYSICIAN'S MANE ITHIS CHANGE TO SELECTION DIRECTOR PRISICIAN'S HOPKINS HOSPITA	Ć.
Burial 7/7/87 Cedar Hill Cem. Anne Arundel Co., Md	STATE
24. FUNERAL DIRECTOR 16. 60M 7/84 VRA 15, 4) 24. FUNERAL DIRECTOR 25. DATE REC'D BY REGISTRAR 25b. REGISTRAR 25b. REGISTRAR'S SIGNAT Fulla Director 10. 60M 7/84 VRA 15, 4)	URE

may be 405 188 AN TENEDO

(VRA 15, 4)

FOR STATE PREGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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17	LOF	727
81		101
REG. NO.	,	

II	DEC	EASED NAME FIRST	AIDDLE	LAST		20 DATE OF DEATH	MONTH DAY YEAR 26 HI	OUR
A Paris	(THE)	Margaret		Joh	noon	8/	7/19 137/ 4	35
1	SEX.	emple	CO/. 2	5. DATE OF BII	DAY YEAR O 6 1900	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER LYEAR IF UNI MONTHS DAYS HOUR YRS.	DER 24
1950		THPLACE ISLATI OF FORIGIN	76 CITIZEN OF WHAT COUNTRY	? 8. MARRIED WIDOWED D	NEVER MARRIED DIVORCED	BALTIMORE CITY C	R COUNTY OF DEATH	
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ould k	JSUA 30. S	TATE 136 COU	ROTHER INSTITUTION GIVE RESIDENCE BACK	WN 13d	INSIDE CITY LIMITS?	130 STREET ADDRESS	ZIP CODE Fulton ave	2,
and 2 sh	4. FA	THER'S NAME FIRST OSEDA	MIDDLE CASTALLAST		MOTHER'S MAIDEN NA	Elizishet	th shast	,
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novol.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly ane cause per line far (a), (b), c ED BY: .TE CAUSE (o)		Amet	277122	APPROXIMATE IN BET WEEN ONSET A	AND DE
o de monto		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQ (b) DUE TO, OR AS A CONSEQ (c)	Metast	whi Ga	This Care	noma	
Then to be be injury.	NO	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	hellet	RELATED TO THE TERA	1	Arenna	X
112	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION W	AS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS U IN CERTIFYING CAUSES OF DE YES NO	
20 70 10 10 10 10 10 10 10 10 10 10 10 10 10	_	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH	DAY YEAR	. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I ORPART ?)	
h and M	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE		LOCATION	CITY OR TO	WN COUNTY	STAT
for use of Health		saw The deceased alive ar	ontol) attended the deceased from 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.				ote and haur and from the causes	
detoched ote Dept 41. If Item		226. SIGNATURE	DBrown va	DEG 17	ATTENDING PHYSICIAN [MEDICAL STA		57
A the State of the		22d PHYSICIAN'S NAME (TYPE OR RESERVED)	20	mo	ADDRESS 20 5	Green	e of Bult	
	(5)	URIAL, CREMATION, REMOVAL	7-24-87 M	NAME OF CEME	TERY OR CREMATORY	23d LOCATION CHOOS TOWN	court &	20
16 60M 7/84	4 FU	NERAL DIRECTOR	ADDRESS	1. 4.	250 DA		25b. REGISTRAR'S SIGNATURE	

requires that the death certificate be executed within 24 hours after death. Page

06053

and 2 should be filed within 72 hours after death

IMPORTANT: If Hem 21 is morked or Item 18 shows ony injury, or other traumatic event, the medical exam TO FUNERAL DIRECTOR: After this certificate has been signed by the bitending physicion and for should be detached for use as the burial-transit permit. Then please remove corbon popers. Pages I with the State Dept. of Health and Mental Hygiene prior to burial, cremation of removal.

STATE OF MARYLAND

DE YGIENE

PARTMENT	OF	HEA	LTH	AND	MENTAL	H
CE	RTI	FIC	ATE	OF	DEATH	

	7	REG.	NO.	9	1	3	6
ATF C)F C	FATH	MONTH	DAY	YEAR	75	HO

	FOR - STATE	DEPART	MENT OF HEALTH AND MENTAL HY	GIENE	
	REGISTRAR		CERTIFICATE OF DEATH	B REG. NO.	1/58
	PECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 25 HOUR
	TOCH OLIVI	A	JO HNSON	7/2	0/87 11:40
3 SE	EX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	FUNDER I YEAR IF UNDER 24 HR
	Female	Black	01 01 + 900		
7o €	BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY		9 BALTIMORE CITY OR COUNTY	OF DEATH
2 V	WGinia	USA	WIDOWED DIVORCED		TY A
10.0	CITY ON DOWN OF DEATH		ING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINESS C
11	Bri Himery	MERCY HOSPI		HOUSEWITE	E) INDUSTRY
		OR OTHER INSTITUTION GIVE RESIDENCE BEFOR	PRE ADMISSION)		7/17
130.	STATE MAN 136 COL	DAII		13e STREET ADDRESS / ZIP CODE	, / 1.9.
14 F	FATHER'S NAME	INCITI	15 MOTHER'S MAIDEN N		URUAS 1+247
2	[] [FI96T]	MIDDLE	L. CONTRESIO	MIDDLE . 1	LAST
140	WAS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIAL SEC	URITY NO. 17 INFORMANT	ADDRESS	
		GIVE WAR OR DATES	5736 Dorothy	E-1 1521 1	Fa icon and 1
	100	017.00	36371 PUT 01114	roru 1831	APPROXIMATE INTERVAL
	18 CAUSE OF DEATH (Enter PART I, DEATH WAS CAUS	only one couse per line for (o), (b), o	nd IC',1		BETWEEN ONSET AND DEAT
		ATE CAUSE (0) CORENARY	HEART DISEASE		
		DUE TO, OR AS A CONSEQU	UENCE OF		100
	Conditions, if ony, which	(b) MULTIME	CVA	3/0 10:5	
	gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQU			-
	underlying couse lost.		READIC GRAN SYNDRIA	44	
	PART 2 OTHER SIGNIFICAN		DEATH BUT NOT RELATED TO THE TER		EN IN PART 110
NO NO	DRAPAIC R	en l cuinaime	CVA PNEUMONIA	100	
T F	190 DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATION WAS PERFORMED	200 AUTOPSY? 206. IF YES	, WERE FINDINGS USED
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ER -	21g. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY OCCU	JRRED (ENTER NATURE OF INJURY IN ITEM 18 II	
med .	ON CONTRIBUTING CALIFE OF F	DEATH HOUR A.M. MONTH	DAY YEAR		
MEDICAL	216 INJURY OCCURRED	P.M. 21e PLACE OF INJURY	211 LOCATION		
WE		(AT HOME STREET FACTORY OFFICE		CITY OR TOWN	COUNTY STATE
-1	AT WORK AT WORK			3/20	40
		spital) attended the deceased from	177	7 10 10	19, that (It (we) It
	sow the deceased of ve o	not) view the body ofter death.	ond that in (my) (our) opinio	on death occurred on the date and hou	
	22b. SIGNATURE	ESCHOOL STATE	DEGREE		224. DATE SIGNED
	Teleta M	10	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	7/20/87
	224. PHYSICIAN'S NAME (TYP	E OR PRINT)	22e ADDRESS		
		11-11			
	PETER C	MENUS	1((7/1 1/1/1/10)	17 TEMA D. OT.	Sullitary MAD.
22-		HENCY	NAME OF CEMETERY OF CHEMATORY		SULCE MOZ
230	PETER C BURIAL, CREMATION, REMOVA (SPECIFY) BURIAL		NAME OF CEMETERY OR CREMATORY		MIN SIATI

DHMH - 16 60M 7/84

(VRA 15, 4)

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or ottending physician.

Brown-Thompson F. H. P.O. Box 4433

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Ground Mary and Hall of the State of the Sta

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REGISTRAR REG. NO CEASED NAME MIDDLE 20. DATE OF DEATH MONTH (TYPE TOR PRINT) MAE OLLIE JOHNSON. JULY 26, 1987 8:47P M 4. RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR IF UNDER 24 HRS 3. SEX YEAR FEMALE BLACK 31 24 YRS **BALTIMORE CITY OR COUNTY OF DEATH** 70. BIRTHPLACE (STATE OR FOREIGN THE CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY VA USA BALTIMORE CITY WIDOWED DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IR CITY OR TOWN OF DEATH 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR LITYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY THE JOHNS HOPKINS HOSPITAL BALTIMORE domestic USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE BAL TO. 309 S. NOF BALLOU CT 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME ROBERT MIDDLE MIDDLE **JOHNSON** ENORA KENNY ADDRESS 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (YES, NO OR UNKNOWN) 217-28-7210 EDWARD LEE JOHNSON JR. 2006 BARHENDRICKSON 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY CARDIAC ARREST IMMEDIATE CAUSE IO DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 90 DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NOT YES [NO [210 ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH WEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 211 LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive on above, (1) (we) (did) (did not) view the bady after death and that in (my) (our) opinion death occurred on the date and hour 22b. SIGNATURE DEGREE 22c. DATE SIGNED STAFF

Item 18

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MPORTANT

nould be detor

DHMH - 16 50M 4/83 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL

- STATE

7/30/87

23c NAME OF CEMETERY OR CREMATORY ARBUTUS CEMETERY

22 ADDRESS

ATTENDING

PHYSICIAN

23d LOCATION CITY OR TOWN **ARBUTUS**

MEDICAL

STATE MD

24 FUNERAL DIRECTOR MARCH F/H

1101 E. NORTH AVE

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 20

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate retained by the haspital or attending physician.

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIFIC ATE OF DEATH

UL 201					1	O ME	. NO.	9 /	23 1
	PE OR PRINT	FIRST	WIDDLE	LA	AST	20. DATE OF DEATI	HINOM	DAY YEAR	26 HOUR
	TE OR PRINTY	TANYA	LYNN	JOH	NSON	JULY 22.	1987	,	4:15F
3. 1	SEX	7, -	4 RACE	5. DATE O		6 AGE (IN YEARS LAS		MONTHS DAYS	HOURS A
	FEMA	/c=	WNITE	DEC	and the same of th	5	YRS.	MONTHS DATS	HOURS
7a.	BIRTHPLACE (ST)	AE OR FOREIGN	Th. CITIZEN OF WHAT COUN	ITDV2 B	NEVER MARRIED	9 BALTIMORE CIT	Y OR COUNT	TY OF DEATH	
27	MARVIA	and	O. S. A.	WIDOWEI		BALTIMORI	E CITY		
87 -10	CITY OR JOWN O	FDEATH	11. NAME OF HOSPITAL, N		ROTHER INSTITUTION	120 USUAL OCCUP	ATION	125 KIND	OF BUSINESS
B.	ALTIMORE	/	THE JOHNS		S HOSPITAL	WAT WAR FOR MC	Win	R CAN	
0: 13	UAL RESIDENCE (I	IF NURSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE	BEFORE ADMISSION)		Lin STREET ADDRE	70 000		2180
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わりり	FATHER'S NAME		10 10	32019	15. MOTHER'S MAIDEN N		- / 1=3 / 0	NA CO	NEELS !
8-11	PRST P	OF !	MIDDLE LAS	Enal	FIRST	ea H		Durio	ST P P P
9 160	WAS DECEASED			SECURITY NO.	17 INFORMANT		DRESS	2000	NO
nedi	TYES, NO OR UNKNOW	(IF YES, GIVI	WAR OR DATES!	NEW	1) ERRORY	« alonno	, 50	me re	130
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2	19a. DATE OF O	PERATION	196. CONDITION FOR W	HICH OPERATION	N WAS PERFORMED	20a. AUTOPSY?	20b. IF Y	ES, WERE FIND	INGS USED
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WPORTANT: If Item 21 is marked or Item 2	OR CONTRIBUTING (IF EITHER MOTIF (IF EITHER MO	CURRED NOT WHILE AT WORK TO HOLD HAVE COURSED AT WORK AT WORK TO (1) (his hospite cecased alive on whice cecased alive on whice cecased alive on whice cecased alive on whice cecased alive on which had (1) (his hospite cecased alive on white cecased alive o	71b. TIME OF INJURY HOUR A.M. MONTH P.M. 71e. PLACE OF INJURY (AT HOME STREET, FACTORY, O	H DAY YEAR 19 OFFICE, FARM, ETC) From	211. LOCATION STREET 211. LOCATION STREET d that in (my) (our) opinio DEGREE ATTENDING. PHYSICIAN	YES NO NERRED (ENTER NATURE OF	IN CERT	COUNTY	SOF DEATH? NO
IMPORTANT: If Item 21 is morked or Item 2	OR CONTRIBUTING (IF EITHER NOTIF (IF EITHER NOTIF (IF EITHER NOTIF AT WORK 270.1 certify th sow the do obove, (1) (211.5 ESTALLE)	AS UNDERLYING GG CAUSHOP FOR COURED NOT WHITE AT WORK	71b. TIME OF INJURY HOUR A.M. MONTH P.M. 71e. PLACE OF INJURY (AT HOME STREET, FACTORY, O	H DAY YEAR 19 OFFICE, FARM, ETC) From	211. LOCATION STREET 211. LOCATION STREET d that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 22e ADDRESS Charles Charles ATTENDING PHYSICIAN	YES NO NERRED (ENTER NATURE OF	IN CERT	IFYING CAUSE VES DART 1 OR PART 2) COUNTY 19 9 2 Day and from the 22c. DATI	SOF DEATH? NO STAT that (I) (we) e couses state E-SIGNED

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

FOR - STATE

STATE	OF	MARYLAND
SIMILE	91	MAKERINE

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1	REG. NO.	7	-	

05954	39	/10-	FOR STATE REGISTRAR			DEP	ARTMENT OF H	E OF MARYLA EALTH AND A ICATE OF E	MENTAL HYG	8 7	, NO. 9	7 4	1
	. V/		CEASED NAME	FIRST		MIDDLE		AST		20. DATE OF DEATH	MONTH D	AY YEAR	26 HOUR
2 6	W			JEFF		W.	JOI			JULY 4th			5:51 P M
4 9. 0 F	Vi	1 5E)			4 RACE		5. DATE (5 0	6. AGE (IN YEARS LAS	T BIRTHDAY)	FUNDER 1 YEAR	HOURS MIN.
afin a	Ī.		ale		Blac					3 7	YRS	DEDEATH	
01	77	(.C.	R FOREIGN	U.S		MARRIE	DI DI	VORCED	9. BALTIMORE CIT	MORE CIT		MD.
o the fu	33	100	TY OR TOWN OF DI		(IF NOT IN SUC	CH FACILITY, GIVE	URSING HOME (STREET ADDRESS) PKINS HO		NOITUTION	12a USUAL OCCUP (TYPE OF WORK FOR MO Unemp			OF BUSINESS OR
ND 212	35	13a. S	AL RESIDENCE (IF NU TATE Md.	13b COU		13c. CITY OR		13d. INSIDE C	ITY LIMITS?	3308 R	SS / ZIP CODE N V e n W O O	d Av	e. 2121
BYLA stelly	1	14. FA	THER'S NAME FIRST		WIDDLE	LAS	ī		S MAIDEN NAM	AE MIDDL		U	SI
AM B	記憶し	-	James			Jones		Lot				ones	
380 ond c	E 60	160 V	VAS DECEASED EVE (es. no or unknown) NO		VE WAR OR DATES)	Land Control	SECURITY NO.	17 INFORMA			DRESS		wood Ave
W 10 12 3							56-4082	LOL	сте ма	e Jones	3300K		
2 17	emoral event, 0		PART I. DEATH		nly one cause per ED BY: TE CAUSE (a)	CARDI	b), and Ici.1	NARY	ARRES			BETWEEN	MIN-
NO I	on or		Conditions, if an	v. which	DUE TO, O	R ASA CONS	SEQUENCE OF						-18 hrs
A 10 10 10 10 10 10 10 10 10 10 10 10 10	central other tra		gave rise to in couse (a), stat underlying caus	nmediote ing the	DUE TO, O	R AS A CONS	SEQUENCE OF	BACTERS	TAL PER	estontis		3	Days.
2 2	D Edition of the Control of the Cont	NOI	PART 2. OTHER SIG	1 1.	conditions con hos	-	O DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR C	ONDITION GIVE	N IN PART 1	ia J
The Part of	ALIE SALE	CERTIFICATION	190. DATE OF OPER		196 COND	ITION FOR W	HICH OPERATIO	N WAS PERFO	RMED	YES NO E	IN CERTIFY		INGS USED S OF DEATH?
21 3	100	1 CER	21a. ACCIDENT WAS U				DAY YEAR	21c. HOW IN	JURY OCCURE	ED (ENTER NATURE OF	NJURY IN ITEM 18 PA	RT 1 OR PART 2)	
NO STATE		MEDICA	(IF EITHER NOTIFY ME		_	OF INJURY	19	211 LOCATIO	NC				
VISIO DE LA COMPANION DE LA CO		ME	WHILE NOT				FFICE, FARM ETC)	STREET		CITY O	RIOWN	COUNTY	STATE
P SON	10 m		220.1 certify that	1		ne deceased f	rom	7/3	. 19 81			, 87	tho (1) we) last
430	2 80		saw the decer obove (II) well	dies dies o	at view the/bedy	ofter death	19 87 ,0	nd that is (my)	(aur) apinion (death occurred an th	e date and hour	and from th	causes stated
	de Depr T. If Bern		22b. SIGNATURE	14/2	when	m N	10	DEGREE	ATTENDING _	MEDICAL S	STAFF (SICIAN)	224 DAT	SIGNED
HOSPIT pined by S FUNER	PORTANI		224. PHYSICAL	K Ran	Aura		nis ii	220 ADDRES	5 600 N	WOLFE ST		MD 2	1205
5 1 5	513	73e; B	URIAL, CREMATION	N, REMOV	23b DATE		23t. NAME OF C	EMETERY OR		23d LOCATION	1		
BP		(Burial		7-1	0=87			Cemete	ry Bal	timore	COUNTY	Md.
DHMH - 16 {VRA			INERAL DIRECTOR NAME March Fu	inera	1 Homo		RESS 1 E. NO	arth A	250 PM	LECT OR 98	AR 256 REGISTR	AR'S SIGNA	TURE

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a m	1-	FOR - SJATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENT CERTIFICATE OF DEAT		742
1	I DE	CEASED NAME akaFIRMA	Y I. JONES	Jones	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR 11 1987 6: 20 AM
3	1 SE	Female	4. RACE , White	5 18 18	6. AGE (IN YEARS LAST BIRTHDAY) AR 89 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS.
69	j	IRTHPLACE (STATE OR FOREIGN COUNTRY) ITY OR TOWN OF DEATH	76. CITIZEN OF WHAT COUNTRY? USA 11. NAME OF HOSPITAL, NURSIN	MARRIED NEVER MARRIE	15altimore	City MD.
1/3	B	altimore	(IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS) re Cerreral Horp.	(TYPE OF WORK FOR MOST OF WORKING L	IFE) 126 KIND OF BUSINESS OR INDUSTRY
35	No S	STATE 136 COU		N 134 INSIDE CITY LIA	7 5703 magie st.	2
0\$20		FIRST JOHN SOLV WAS DECEASED EVER IN U.S. AR	MED FORCES? 1166 SOCIAL SECU	1 Feller	ELLEN MIDDLE	COYNE
the medical	(1	No	VE WAR OR DATES) 219-22-	-6154 James 20	wes 5703 Magie St	MD. 21225 B altimore APPROXIMATE INTERVAL APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ic event, i	100	PART I DEATH WAS CALISE	nly one couse per line for (a), (b), one ED BY: TE CAUSE (a) Covolidation		St	5 WIG.
enation, a	-	Conditions, if ony, which gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUE (b) RESOURCE DUE TO, OR AS A CONSEQUE	ery usuffic	iency	10 405
miory or other	z	underlying couse lost. PART 2 OTHER SIGNIFICANT	conditions CONTRIBUTING TO	DEATH BUT NOT RELATED TO TH	HE TERMINAL DISEASE OR CONDITION GI	VEN IN PART TIO
shaws any ha	CERTIFICATION	198. DATE OF OPERATION		OPERATION WAS PERFORMED	YES NO Y	S, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES NO
Item 18 s	MEDICAL CEI	2)0, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	P.M.	AY YEAR 19	OCCURRED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2]
norked or	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	?1e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE F	ARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE

TO FUNERAL DIRECTOR: After retained by the hospital ar auld be detached for us IMPORTANT: If Hem 21 is TO HOSPITAL BP.

DHMH - 16 60M 7/84

(VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL Burial 7/13/87 24 FUNERAL DIRECTOR

Robert C. Dart, Jr.

saw the deceased alive on July 19 above, (1) (we) (did) (did not) view the body after death

231. NAME OF CEMETERY OR CREMATORY Glen Haven Mem. Pk.

22e ADDRESS

1319

DEGREE

ATTENDING

and that in (my) (our) opinion death accurred on the date and hour and from the causes stated

MEDICAL STAFF DIRECTOR PHYSICIAN

Glen Burnie, A.A.Co., Maryland

22c DATE SIGNED

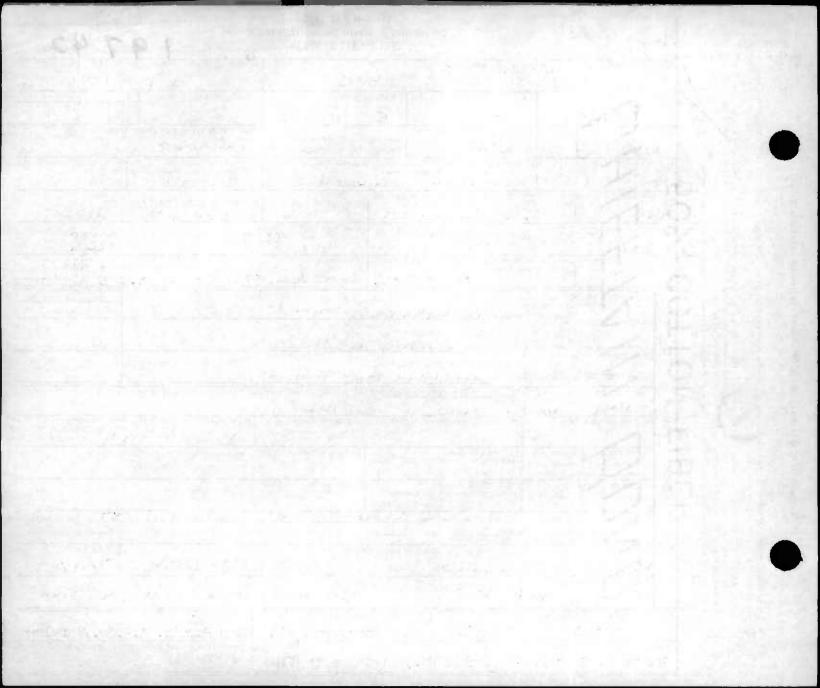
11/27

George J. Gonce, 4001 Ritchie B., Baltimore, MD

250. DATE REC'D, BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Farrara Drive, Odenton, MD 2113

(21225)



1 - STATE REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DEFAKI	WELL OF	HEALI	H ANU	WELLIAL	HIGHENE	
MEDICAL	EXAMI	NER'S	CERTI	FICATE	OF BEAT	H

REC NO. 9 / 4 5

1	I I JUL	29	PRINT)		WIDDLE		LAST	20	OF ESTI-	MONTH	DAY YEAR	26 HOUR
	英英昭		Marie	2		Jone		54.3	DEATH MATED	7/	25/19 87	,
	PRY, PLE DIRECTION OUR FIL ON STREE	3 SEX	EMALE BLACK	5. DATE OF BIRTH	YEAR 6 AGE (IN YEAR LAST BIRTHDA	MONTH	DER TYR. IF UNDER		DATE RONOUNCED DEAD	7/	25/ 19 87	7:05 P
	Hotel 6	FO	RTHPLACE (STATE OR REIGN COUNTRY) Tyland	TO CITIZEN OF WE	AT COUNTRY?	1	ED NEVER MARRI	ED 📖 🗆	Baltimore City of Baltimore	R COUNT	Y OF DEATH	441
	A STATE OF THE PLANT OF THE PLA		TY OR TOWN OF DEATH Baltimore	(IF NOT IN SUCH FAI	PITAL, NURSING HOME CILITY, GIVE STREET ADDRESS) 1 COX St.	, OR OTH	ER INSTITUTION	I 12a. USUA	LOCCUPATION ITYPE DIST OF WORKING LIFE)		OR INDUSTR	
21201	A PROPERTY OF THE PROPERTY OF		IL RESIDENCE (IF IN NURSING HOME OR TATE TATE RYLAND 13b. COUNT	OTHER INSTITUTION, GIV	PERESIDENCE BEFORE ADMISSION IN COLUMN BALTIMOR	e E	134 INSIDE (ITY LIMITS?		T ADDRESS GLENWOOD	IVA (21212)
RE, MD.	FES 1.2.	14. FA	THER'S NAME FIRST UNKN	MIDDLE OWN	LAST		15. MOTHER'S MAIDE		MIDDLE VOWN		ŁAST	
ALTIMO	JIRS AFTER D 3. GIVE PAGE WITH FORW T. PAGES 17 DIVISION O	16a. V	AS DECEASED EVER IN U.S. ARM (1) (1) (1) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	ED FORCES?	216-09-6		VICKI JO		ADDRESS 4912 ALH	LAMBE	21212 RA AVE.	
DS, 201 W. PRESTON ST.	ECUTED WITHIN 24 HOU 15" IN PENCIL IN ITEM 18 16" LEXAMINER ALONG V BÜRRAL TRANSIT PERMIT A'ND MENTAL HYGIENE, I ATION, OR REMOVAL.		18. CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED IMMEDIATE Conditions, if ony, which gove rise to immediate couse (a) stating the <u>underlying couse last</u> . PART 2 OTHER SIGNIFICANT (ONOTIONS C	BY: CAUSE (o) DUE TO, OR (b) DUE TO, OR (c)	Arterioso AS A CONSEQUENCE O	OF OF			lar Disease	2	APPROXIMATE BETWEEN ONSET	AND DEATH
TAL RECOR		TIFICATION	19e. DATE OF OPERATION	19b. CONDIT	ION FOR WHICH OPER	ATION W.	AS PERFORMED?			200	20 AUTOPSY?	NO 🔯
DIVISION OF V	S CERTIFICATE 3 RITING THE WC RDED TO THE (R 3 SHOULD BE E DEPARTMENT OF PRICE TO BU	MEDICAL CERTIFICATION	210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI 210 INJURY OCCURRED WHILE NOT WHILE AT WORK	P.M.	MONTH DAY YEAR	211 LOC	OW INJURY OCCURRED CATION TREET		TURE OF INJURY IN ITEM 18 P.	ART I OR PAR		STATE
•	TO MEDICAL EXAMINER IN EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FORWARD FOR A STER DEATH, WITH THE SHARTIMORE, MARYLAND 211		22a. I certify that I took charge	of the remains described in a causes X,		Autops	y . Inspection Homicide . TITLE (SPECIFY) D. Assistant	Undeter	mined manner .	DATE SIGNED		87
	O MEDIC XECUTE T AGE 4 SI O FUNER FTER DEA				Korell, M.D		ADDRESS	111	Penn St.			
7/84 5M	BP	15	JRIAL, CREMATION, REMOVAL 23 PECIFY) DUTIAL JNERAL DIRECTOR	7-30-87	ARBUTUS		R CREMATORY ORTAT 1250. DATE R		IMORE	COUNT	M.D.	ATE
	DHMH - 17 (VR A15 ME (5))	F	EDD FUNERAL F	IOME 529	9 YORK 21	212	, III	28	1987	IKAK S SI	GNATURE	R.S.

0.6	17	22	AUC		O TOR	DEPAR	STATE OF MARYLAND	/GIENE		
1		26	AUG A >	P	STATE REGISTRAR	DEF AR	CERTIFICATE OF DEATH	8 / REG. NO	19	144
1		-	D		CEASED NAME FIRST (Majorie) MIDDLE	LAST	20. DATE OF DEATH	MONTH DAY	YEAR 26 HOUR
1	pe	death		(TYPE	ORPRINT) MARJ	DRIE (JONES	Pla .	7 29	874:00 PM
	may	0. 5		3. SEX		4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNI	DER TYEAR IF UNDER 24 HRS.
	4	ector, rs aft			FEMALE_	BLACK	12 OI YEAR	69	YRS.	DAYS HOURS MIN.
-	Pa	hou	5	7a. Bl	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	? 8 MARRIED NEVER MARRIED	9. BALTIMORE CITY O	COUNTY OF D	EATH
	eath	nera nera	5	1	MARYLAND	USA	WIDOWED DIVORCED		174	MD
	e d	with:	3	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS UF NOT IN SUCH FACILITY, GIVE STREE	ING HOME OR OTHER INSTITUTION	120. USUAL OCCUPATE (TYPE OF WORK FOR MOST OF		b. KIND OF BUSINESS OR
10	saft	by th	20	6	ALTI MORE	LANIV.	ersity Hospital	Disableu		
212	haur	be f	be le		L RESIDENCE (IF NURSING HOME O	OR OTHER INSTITUTION GIVE RESIDENCE BEFO		13e STREET ADDRESS /	ZIP CODE	1015
N	24	Fille	mush		Md	0 11	ore YES & NO	3800 U	1. Belve	dere Ane
SYLA .	orthio	2 sh	hine	14 FA	THER'S NAME	MIDDLE & LAST	15. MOTHER'S MAIDEN N	IAME		LAST
MAR	pa M	and bed	exo.	E	den borgu	gh Wald	den Mary	Moore		100
E,	ecut	3-	nedical				CURITY NO. 17 INFORMANT	ADDRE	SS	2
MO	e ex	Pog	E/		NO	245-26	0-6099 Narry Jo	nes 120	2 E.E	selvedere
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	ate	hysicio sapers aval.	t, the		18 CAUSE OF DEATH (Enter o	only one couse per line for (a), (b), o	and ici.	100000		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
T	rtific	n phy	even		PART I. DEATH WAS CAUS IMMEDIA	ATE CAUSE (0) CARLO	10 PULMONARY	Muurs		
NO	P Ce	ding	afic			DUE TO, OR AS A CONSEO	UENCE OF			
ESTO	death	atter ave tran,	rraumat		Conditions, if any, which	(6)				
P.	‡	the	her tr		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEO	UENCE OF		100	
3	that	l by	roth		underlying couse lost.	(c)				
5, 20	i es	gnec in ple	7.0	-	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN	PARI Ita
ORD	redu	t. The	n n	ō				The state of		
ECC	MO	9 1 2	50	ICA	190 DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATION WAS PERFORMED	200 AUTOPSY?	IN CERTIFYING	RE FINDINGS USED CAUSES OF DEATH?
AL	The	ate has	shows 7	CERTIFICATION			Tax How humay occur	YES NO	YES	NO 🗌
>	AN	- 0 - T	8		210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE		DAY YEAR	JRRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I C	OR PART 2)
Ō	SICI	s certifi ourial-tr Mental	E	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	ER) P.M.	19			
SIO	PHY	this he bo	o pa	MED	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	FARM, ETC.) 211 LOCATION STREET	CITY OR TO	WN C	OUNTY STATE
DIV	NO	After as t	borke		AT WORK AT WORK		6 =16	(1 7.7	<u>.</u>	£ 7
	ON S	DR: USe	is m		22a.1 certify that (I) (this hasp saw the deceased alive a	pital) attended the deceased from	7, and that in (my) (our) opinion	on death accurred on the dr	te and hour and	from the couses stated
	ATT	ECT ECT ed fo	E 5			ot) view the body ofter death.	DEGREE			22c. DATE SIGNED
	OR	DIR	# He		149/1	and then M	ATTENDING		E.	THE DATE STONES
	TAL	ERA!	Z T		22d. PHYSICIAN'S NAME (TYPE	OR PRINTI	PHYSICIAN 22e ADDRESS	DIRECTOR PHYSIC	- Date	
	OSP	FUNE Id b	PORTA			OUTON, OLD	72 50	UDY COL	P17. 15	5
	0	Shaw	¥-	_	DIF. 199	00400,190	1 66 30	VICI 614	ーとつに	- 31

Mt Auburn Cemetery

MOJUDA 23d LOCATION
CITY OF TOWN
Baltimore 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) 8/3/87 COUNTY

Buria 24 FUNERAL DIRECTOR

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

C. March F/H West 4300 Wabash

STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

		ST	ATE	OF	MARYLAND	
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

ATE OF DEATH	8	7	REG.	NO.	9	1	4 3
JONES.	7e. D	7-	DEATH 7	- F	7	TEAR	10 h

67	- STATE - REGISTRAR	CERTIF	FICATE OF DEATH	8 / BEG. NI	1 7 /	4 4
rition	CEASED NAME HEST	ElizaBEth	JONES.	7-7-	87 TEAN	10 Bm
3, SE	FEMALE	Black "	OFFIRTH TAN	8 AGE INTERESTANT	VRS.	is rolled with
	VA.	U. S. A. WIDOW		Baltimo		(MD.
10.0	BALTIMORE	NAME OF HOSPITAL, NURSING HOME (IF NOT HIS SCHOOL STREET ADDRESS) SECOUP	OR OTHER INSTITUTION	176 USUAL OCCUPATION NOT SHOULD WOULD	F WORKING (MT) INDUSTR	S OF BUSINESS OR
	AL RESIDENCE IN MUSING HOME ON OTHER	HE METITUTION GIVE RESIDENCE SEPORE XUMISSION	YES NO D	134 STREET ADDRESS	ZIP CODE 212	gp 76
) '	FRANK ME	Simpson	CATLERIA	3 L	Wil	"Sol
	WAS DECEASED EVER IN U.S. ARME 195, NO OR UNBHOWN) (IF 195, ONE W		8 MAMIE G	ANH 42	WASH DE.	pitol St
TION	A DESTRUCTION OF THE PROPERTY OF THE	DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF 161 NOTIONS CONTRIBUTING TO DEATH BU		Will Will Indian States	SVALED SEED AND ACCOUNTS	17/00
CERTIFICATION	19s DATE OF OPERATION	19E CONDITION FOR WHICH OPERATION		YES NO	20h. IF YES, WERE FINI IN CERTIFYING CAUS YES []	NO [
MEDICAL CE	TH STIME NOTES INDOCUT SYMMET OF DRAIN OF DRAIN STANDARD CHOS OF DRAIN STANDARD COMPANY OF THE STANDAR	71L TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19		ED (INTERNATURE OF HUI	EL INVERNI IS FART LORPARTS	
MED	214 INJURY OCCURRED	71e PLACE OF INJURY (ATHOME SPRESS FACTORS OFFICE FARM, ESC.)	NII LOCATION	CITY OR TO	INN COUNTY	STATE
	224.1 certify that (1) (this haspital saw the deceased alive pa above, (1) (we) (slid) (did not) v	19	and that in (my) (aux) opinion d	feath occurred on the d		
	274 PHESICIAN'S NAME LITTE ON THE	m r	ATTENDING PHYSICIAN 220 ADDRESS	MPDICAL STA	17	7-87
73a	BURIAL, CREMATION, REMOVAL I	BREGIL D	2300 C	TAPPEISO	N BLI	7
В	urial		imore Nat.	Baltim		Md.
	uneral Director March Funeral	Home 1107°E. No	rth Ave	U 1987	LIA SCARGE ROLL	dette

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR ould be detoched for th the Stote Dept. of MPORTANT, II He

STAT	FOF	MARY	LAND
JIMI	EUL	MMNI	LAIT

	15	•			STATI	OF MARYLAND		
50121 JUL	21	OR STATE		DEPART		EALTH AND MENTAL HY	GIENE	7 4 6
		* REGISTRAR				ICATE OF DEATH	8 REG. NO	/ 4 0
o ∞£	I. DE	CEASED NAME FIRST		MIDDLE		AST	26 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
oge deot	-	RUBY		AE	JON		JULY 16, 1987	
Effer p	3. SE	X	4 RACE	7	5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
\$ 15 m	70 B	IRTHPLACE (STATE OR FOREIGN	75 CITIZENI OF	WHAT COUNTRY?	1	19 50	9. BALTIMORE CITY OR COUNT	Y OF DEATH
		MD	U.S		MARRIE	NEVER MARRIED		
\$ 24 F	10 C	ITY OR TOWN OF DEATH			WIDOWE NG HOME C	D DIVORCED DIVORCED	BALTIMORE CITY	12b. KIND OF BUSINESS OR
1 1 1		BALTIMORE		CH FACILITY, GIVE STREET B JOHNS H		S HOSPITAL	(TYPE OF WORK FOR MOST OF WORKING I	INDUSTRY
7 77 -6	USU.	AL RESIDENCE (IF NURSING HOME STATE 13b. CO		136 CITY OR TOW	/N	13d INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP COD)E_
1		MD		† Baltimo	re	YES X NO	1320 Wilcox 212	202
10-70	D F	ATHER'S NAME FIRST	WIDDIE	tast		15. MOTHER'S MAIDEN NA	MIDDLE	_ LAST_
1200C		Sam		Finch		Betty		Salisbury
25 0		WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) { IF YES,	ARMED FORCES? GIVE WAR OR DATES)	166. SOCIAL SECU		17. INFORMANT	ADDRESS	
N/Z		No		212-56	-8036	Mary E. Find	ch 2121 Guilford	
I No	6	18 CAUSE OF DEATH (Enter PART I, DEATH WAS CAU	only one couse per					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
			IATE CAUSE (a)	(ardiae	ari	est		1 mi
100	95		DUE TO, O	R AS A CONSEQU	ENCE OF	1:0	. (15 1-
		Conditions, if ony, which gave rise to immediate	(p)	propabl	en	rejocardial.	macation	15 hrs
by the	100	couse (o), stoting the underlying couse lost.		R AS A CONSEQUE				5 years
ed by oleose riol, c				hyperter				7-
sign hen g o bu	z	PART 2. OTHER SIGNIFICAN	i conditions <u>co</u> Ésam	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GI	VEN IN PART TIO
rior I	A M	190 DATE OF OPERATION		ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20g AUTOPSY? 20b. IF YE	ES, WERE FINDINGS USED
hos b perm perm sws o	CERTIFICATION						IN CERT	IFYING CAUSES OF DEATH?
cote onsit Hygie 8 sho	18	210. ACCIDENT WAS UNDERLYING				21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM TE	
rrifice ol-tro atol H em_18		OR CONTRIBUTING CAUSE OF E	JEAN!	M. MONTH D.	AY YEAR			
Mer Mer	MEDICAL	21d. INJURY OCCURRED	21e PLACE			211 LOCATION		
s the s the ond	¥	WHILE NOT WHILE	(AT HOME, ST	REET, FACTORY, OFFICE, F	FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
t: Af		22a I certify that (1) this has	spital) attended th	e deceosed from_	7	15 1987	F, 10 7 16	1987, tho (11) (we) lost
portol for u	187	sow the deceased alive above (1) we (did) (did	on + 116	ofter death	97 , or	d that in (my) (our) opinion	death occurred on the date and ho	ur and from the causes stated
OR ATTEN e hospitol DIRECTOR: oched for us Dept. of He	1	226 SIGNATURE	-	/		DEGREE	1940	22c DATE SIGNED
후 그 는 e ·		Clair	ne CX	Setten	1	ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	7/16/87
FUNERAL old be detailed to the Store ORTANT:	1	224. PHYSICIAN'S NAME (TYP	E OR PRINT)	100	/	22e ADDRESS	2 / (
TO FUNERA should be de with the Stot		Colleine	CX	Soft		600 N W	olf St. Balto	MD 21205
TO FUN should be with the IMPORT		BURIAL CREMATION, REMOVA		11 1 11	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	
P		Burial	7-20	-87 Ea	astvie	w Cementary	Dundalk	COUNTY
MH - 16 60M 7/84		UNERAL DIRECTOR		ADDRESS			TE REC'D. BY REGISTRAR 256 REGIS	
(VRA 15, 4)	1	larch Funeral I	Homes, Ir	nc. 1101	E. Nor	th Ave.	171007 11:1	Trade Dudase

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FOR

STATE OF MARYLAND

DEPART HYGIENE

WILLI	10	HEAL	LIM	ANU	MENIAL	
CE	RTI	FIC	ATE	OF	DEATH	

20	REGISTRAR		CERTIF	ICATE OF DEATH	8 / REG. NO	, 1 9	/	4/
73	REGISTRAR SED NAME FIRST	WIODIE	t.	AST		MONTH DAY	YEAR	26. HOUR
	ROSALIL	= MAY	JUNG	Nitsch	0	7- 16	87	3124 PM
3 SE		1. RACE	5. DATE C		6. AGE (IN YEARS LAST BIRT	HDAY) IF UN	DER I YEAR	IF UNDER 24 HRS
	FEMALE	WHITE	12	30 15	71	YRS		
76. B	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	TRY? 8.	NEVER MARRIED	9. BALTIMORE CITY O		DEATH	
	MD, USA	U.SA	WIDOWE	DES DIVORCED	1011011		47	1 MD
10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE S	STREET ADDRESS)		12a USUAL OCCUPATION OF WORK FOR MOST OF	ON 1: F WORKING LIFE) IN	26. KIND OI NDUSTRY	F BUSINESS OR
0	ALTIMORE			GEN. MOSP	Reproce	()	ELECT	TRICIAN
130	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	NTY 13c CITY OR	TOWN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE	-	21225
	Aryland	BAU	IMPRE	YES NO [928 JA	ck 57	me	TI
14. F.		MIDDLE LAST		GOLDIE FIRST	WE		DA	VIS
		DAVID ARTH		1000	F ETHEL		1010	
	WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (18 YES, GIV		SECURITY NO.	17. INFORMANT	ADDRE	SS BAL	TO. 1	1112/2/21
	NO -	2/80	71725	CAROLYN SA	IMSEL 7	STPA	UL S	7
	18. CAUSE OF DEATH (Enter or	nly one couse per line for (o), (b	ol, and (c).)				APPROXIA BETWEEN O	MATE INTERVAL INSET AND DEATH
	PART I. DEATH WAS CAUSE IMMEDIA	TE CAUSE ID) CAR	170-PU	Monthy	ARRES	T		
		DUE TO, OR AS A CONS	EQUENCE OF	~				
	Conditions, if ony, which			reu cancer	roma ton	ano		
130	gove rise to immediate couse (a), stating the)						
	underlying couse lost	DUE TO, OR AS A CONS	EQUENCEOF					
	PART 2, OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONE	DITION GIVEN II	N PART 10	
ON	Atherosclere	5.3						
CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WE		
FIE					YES NO	YES	V AUSES	NO [
Ü	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	DAY VEAD	21c. HOW INJURY OCCURE	RED ENTER MATURE OF INJUR	Y IN ITEM 18 PART	PART 2)	
AL	OR CONTRIBUTING CAUSE OF DEA	NID .	19			/		
MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY		211. LOCATION	CITY OR TO	WN	COUNTY	STATE
Z	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OF	FICE, FARM, ETC.)	JACET				
	220.1 certify that (1) (this hospi	ital) attended the deceased fr	om_7//	4 19.87	_, to 7/16	. 19	37	that (I) (we) last
	sow the deceased plive on	7/16 it) view the bady after death.	19.87_, or	nd that in (my) (our) opinion i	death occurred on the do	te and hour one	from the o	couses stated
	22b. SIGNATURE	New the body offer debth.		DEGREE			22c DATE	SIGNED
	pratur	Partel		ATTENDING PHYSICIAN	MEDICAL STAF	IANDET	7116	:187
	22d. PHYSICIAN'S NAME (TYPE C	OR PRINT)		22e ADDRESS	J. D. LECTOR E. THISIC		111	()
	PRATULL	PATEL		3001	S. HAND	VERS	37.	
23a.	BURIAL, CREMATION, REMOVAL		23c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION			
	BIRIAL	7-20-87	hulland	EV VALLEY	TIMONIVE	1	UNTY	STATE
_	UNERAL DIRECTOR	23-7	- PA	The state of the s			10.	11(1)
			F- W 14	I M C Da. DAI	E REC'D. BY REGISTRARI	236 REGISTRAR	SSIGNATI	JRE
n	LOCALLY EVALE	AL HOME ADDR	E PA	IAPSECIBEDAT	E REC'D. BY REGISTRAR.	Julia Da	, , ,	41 1.00.

DHMH - 16 60M 7/84 (VRA 15, 4)

BP

060342 111 2287 TEAN STANSON many to all of the 371 H WILL 3 4 ME Company of the contract of the CALCOUR DOWN AS THE COMMISSION OF THE BOUTS AND CONTRACTOR OF THE PROPERTY AND A STATE THOUGH MUCKEY FURTHER HOTEL CONTRACTOR MODERANT IN THE STATE OF THE STATE OF

ineral director, page 3

JOL 29187 STATE REGISTRAR

STATE OF MARYLAND

IENE DE

PART	MENT	OF I	IEAL'	TH A	AND	MEN.	TAL	HYG	
	CEI	RTII	ICA	TE	OF I	DEAT	TH		

3	/ REG. N	10.	9	1	4	5
DATE	OF DEATH	MONTH	DAY	YEAR	2b F	OÜ

1 DECE	ASED NAME	ANNA		M.	1	JUPITZ		DEATH MONTH		YE AR	26 HOU	
		ANNA		l'i e				24, 19			6:	
3. SEX			4. RACE		5. DATE C		6. AGE (IN YE	ARS LAST BIRTHDAY)	MONTHS	DATS	IF UNDER	24 HRS
H.	emale		White			ember 5 1910	76	YR	S.			
	HPLACE (STATE O	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8. MARDIE	NEVER MARRIED	9 BALTIMOR	ECITY OR COU	NTY OF DE	ATH		
	ryland		U.S	.A.	WIDOWE			IMORE (CITY			٨
IO CITY	OR TOWN OF D	EATH	11. NAME OF I			OR OTHER INSTITUTION	12a USUAL O		12b.	KIND O	F BUSINE	SS C
В	ALTIMO:	RE	JOHNS	HOPKINS	HOS	PITAL	Sea	nstress	C THE I II'C	Toth	ing	
USUAL	RESIDENCE (IF NO		OTHER INSTITUTION.	GIVE RESIDENCE BEFORE	ADMISSION)	CAUSE OF	L. szper .					
Ma	ryland	13b. COU		Baltimor	re	13d. INSIDE CITY LIMITS?		odress/zipc nnabel A		27	225	
	IER'S NAME					15. MOTHER'S MAIDEN NA			. 011 00	- Anna	.~~)	
	Frank		MIDDIE	Hranic	ko.	Mary		MIDDLE		Seti	ik	
lán WA	S DECEASED EVI	FR IN U.S. AR	MED FORCES?	16b. SOCIAL SECU		17. INFORMANT		ADDRESS		0001	.11	_
	NO UNKNOWN)		E WAR OR DATES)	214-01-2		Richard Jup	ite	Same as	130			
				L		raciata sup	102	banic as		APPROXI	MATE INTE	PVAL
18	PART 1. DEATH	WAS CAUSE	nly one couse per ED BY:	fine for (a), (b), and	dici.i	10 CHACK			-0	ETWEEN	MATE INTE	DEA
			TE CAUSE (0)	CLACAI	OGEN	JIC SHOCK			_	4/	hows	_
			DUE TO, O	R AS A CONSEQUE			American 11 - 12			1		4
	Conditions, if or		(b)_	ENU-51	HEE	ADRTIC S	1151051	5		6	mon	IX
	couse (a), sta	ting the	DUE TO, O	R AS A CONSEQUE								
-	underlying cou	ise lost.	(c)	PORTIC	5	CLEROSIS				>	Lye	as
	ART 2 OTHER SI	GNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERA	MINAL DISEASE	OR CONDITION	GIVENIN	PART TIC	3	
ō				THE	(COL	GESTIVE	HEART	FAILU.	RE)			
CERTIFICATION	DATE OF OPER	RATION	196. COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOI	PSY? 20b. IF	YES, WERE	FINDIN	GS USE)
TEI	1-24-8	n		AURTIC	: 5	TENUSSIS	YES 🗌	NON	YES [LAUSES	NO [
E 21	a. ACCIDENT WAS	L.	md 1.100.1100 A	FINJURY M. MONTH DA	V VEAD	21c. HOW INJURY OCCUP	RRED (ENTER NAT	URE OF INJURY IN ITEM	18 PART I OR	PART 21		
AL.	R CONTRIBUTING		AIR		19	F- 35						
\sim	d INJURY OCCU		21e PLACE			211 LOCATION		CITY OR TOWN	(0	UNTY		TATE
	WHILE NOT	WHILE	(AT HOME, STE	REET, FACTORY, OFFICE, FA	ARM, ETC }	SINCE		CITTORTOWN			1	1216
27			ital) attended th	e deceased from_	7	1-7 19 8	7	7-24	19 8	7	that (I) (weil
	sow the dece	ased alive or	7-	-24 19 8	7 , 01	nd that in (my) (our) opinion	n death occurred	on the date and	hour and f			-
27	b. SIGNATURE	Maid) Aid uc	ot) view the body	olter deoth.		DEGREE			27	C DATE	SIGNED	
		XIX	6	MO		ATTENDING	MEDICAL	STAFF		7-2	11 9	7
25	d. PHYSICIAN'S	NAME ATVES	Muhny	1		And the second s		PHYSICIAN 🛛		1-6	70	1
2.4	CA	1 1		MWAY		BLALCIK 61	OLFE ST	AIC BAL	TON	DATE	27,20	15
	3/1/		/ /			, , , , , , , ,			1-1113	1703.	, , , ,	
	RIAL, CREMATION Buri		236. DATE 7/27	100 23c N		EMETERY OR CREMATORY	CITY C	RIOWN	COÚN	TY		TATE
	Dur	a.L	1161	/0/ [7]	en Ha	van Mam Damis	1 (7 -~	Decrees	A	Α		TAT :

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physical should be detached for use as the burial-transit permit. Then please remove corbornpapers

24 FUNERAL DIRECTOR George J. Gonce 4001 Ritchie Hgwy Balto Md Glen Burnie BY REGISTRAR 256 REGISTRAR'S SIGNATURE

WHITE

U.S.A.

Baltimore

18 CAUSE OF DEATH Enter only one cause per fine for (a), (b), and (c)

Th CITIZEN OF WHAT COUNTRY?

DEPARTMENT OF HEALTH AND MENT CERTIFICATE OF DEAT

5. DATE OF BIRTH

WIDOWED

NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

Union Memorial Hospital

Battimore

166 SOCIAL SECURITY NO

215-07-6625

MARNINIE

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

Justice

DUE TO, OR AS A CONSEQUENCE OF

HOUR A.M. MONTH DAY YEAR

(AT HOME STREET, FACTORY, OFFICE FARM, ETC.)

M.D.

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO

216. TIME OF INJURY

21s. PLACE OF INJURY

STATE OF MARYLAND

Justice

MARRIED X NEVER MARRI

YES X

15 MOTHER'S MA!

17 INFORMANT

Annie

Mary E.

21¢ HOW INJURY

211 LOCATION

and that in (my) (aur)

22e ADDRESS

ATTENT

PHYSIC

201 Un

H HTG	8	REG. NO		9	1	4	9
		BEATH -	87	DAY	YEAR	2b HO	
Î0	76	YEARS LAST BIR	YRS	MONTHS	DATS	IF UNDE	R 24 HRS MIN.
DN	12a USUAL	imore OCCUPATION RK FOR MOSTO Worke	DN E WORKING LII	FEI IND	KIND O USTRY	F BUSIN	
AITS?		ADDRESS Pacif					,,,,,,
EN NAA	ΛE	MIDDLE	c c	Re	edma	n	
Jus	tice	710 Pa					
				В	APPROXI	MATE INTE	RVAL
FAI	LURE	F				40	
T	FAIL					Ä	
IE TERM		SE OR CONI		42		14	
		NOM	20b. IF YES IN CERTIF YE	YING C	AUSES		
OCCURR	ED (ENTERN	ATURE OF INJUR	Y IN ITEM 18 P	PARTIORI	PARI 2)		
		CITY OR TO			YTML		STATE
pinian a	ta death accurr	ed an the do		19 X and fr		that (I) (causes st	
ING C	MEDICAL DIRECTOR	STAF		226		SIGNED	
iver	sity	Parkwa	Ŋ				
TORY	23d LOC	ATION Y OR TOWN	Ms	COUNT	and//	andal	STATE

UAL RESIDENCE (IF NURSING HOME OR OTHER INS 14 FATHER'S NAME 160 WAS DECEASED EVER IN U.S. ARMED FORCES

87 STATE

DECEASED NAME

MALE

BAltimore

BIRTHPLACE (STATE OR FOREIGN

10 CITY OR TOWN OF DEATH

Maryland

Jahn

Maryland

PART I. DEATH WAS CAUSED BY

Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last

190 DATE OF OPERATION

71a. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH (IE EITHER NOTIFY MEDICAL EXAMINER)

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

Ann

24 FUNERAL DIRECTOR

Joseph

TYPE OR PRINT

Shuneral Sould be deta of the State CRIANT

DHMH - 16 60M 7/B4 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL Burial 8/3/87

22a.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive an 36 July above, (I) (we) (did) (did not) view the body after death

Tran

23c. NAME OF CEMETERY OR CREMA Lorraine Park Cem

Burgee-Henss Funeral Home 3631 Falls road

product of anomalous 200 Contract of Sand

				STATE OF MARYLAND		
9 0 4 7 JUL		FOR STATE REGISTRAR	CE	OF HEALTH AND MENTAL HYC RTIFICATE OF DEATH	REG. NO	9 / 5 0
noy be poge 3		ORPRINT)	My Morto		20 DATE OF DEATH MONTH	1987 130 M
ge 4 r	3. SEX	BLE	WHITEM	AY 13, 1919	6. AGE 16 TABLES INCOME. TRS.	IF UNDER I YEAR IF UNDER 24 HRS
death. Po		RTHPLACE (STATE OR FOREIGN		ARRIED NEVER MARRIED DOWED DIVORCED	BALTIMORE CITY OR COUNTY BALTIMORE CI	TY MD.
by the filled with	BA	TY OR TOWN OF DEATH LTIMORE	11. NAME OF HOSPITAL, NURSING HO	55)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF PHARMACIST	12b KIND OF BUSINESS OR INDUSTRY DRUGS
filled in rould be		AL RESIDENCE (IF NURSING HOME O	IR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMIS	13d INSIDE CITY LIMITS?		D.,APT. F #2120
completely	14. FA	THER'S NAME HYMAN	MIDDLE KAHN LAST	IS MOTHER'S MAIDEN NA EDITH	MIDDLE	GOLDBERG
n ond co			RMED FORCES? 16b SOCIAL SECURITY INE WAR OR DATES) 11—ARMY 217—01—2254	6609 SANZO B	RS. BEVERTY KAHN D. BALTO., 1	
certificate by the property of		PART I. DEATH WAS CAUS	nly one cause per line for (a), (b), and (c), ED BY: (TE CAUSE (a)	RATORI	MRREST	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
deoth cer		Conditions, if any, which	DUE TO, OR AS A CONSEQUENCE	LEFT	ACCIDENT	
that the cell by the colors are more to create or other trees.		gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE	ENSINE CA	DISEASE	2
equires signe Then p to bur	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH	H BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIV	EN IN PART Tro
on. hos beer t permit. ene prior	CERTIFICATION	190 DATE OF OPERATION	19b CONDITION FOR WHICH OPER	RATION WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES \(\text{NO } \tex
YSICIAN: The ding physicic s certificate burial-transit Mental Hygin ritem 18 sh		210. ACCIDENT WAS UNDERLYING (OR CONTRIBUTING (CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE	HOUR A.M. MONTH DAY		RED (ENTER NATURE OF INJURY IN ITEM 18 F	PART I OR PART 2)
DING PHYS or offendin After this c is os the bur olth and Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, FARM, E	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
TTENDIN pitol or TOR: Af for use o of Heolifi 21 is mo			n attended the deceased from 19	7, and that any Court opinion	death occurred on the date and hou	19 that we ast or and from the causes stated
ral OR A y the hos Ral DIREC detoched ore Dept.		22b. SIGNATURE	nd B. Cl	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	226 DATE SIGNED 7/1/87
HOSPII bined b buld be the St		22d. PHYSICIAN'S NAME (TYPE	ORPRINT) B- (6/1/21)	1 2% ADDRESS	LOSS EUN	TRY BLUD
BP		BURIAL	JULY 2,1987 CHI	OF CEMETERY OR CREMATORY ZUK AMUNO	23d LOCATION CITY OF TOWN	MARYLAND
DHMH - 16 60M 7/B4 (VRA 15, 4)	24 FU	INERAL DIRECTOR SOL 6010 REISTERST	LÉVINSON & BRÓS., I OWN RD. BALTO.,		TE REC'D. BY REGISTRAR 256 REGIST	TRAR'S SIGNATURE

JUL 0 8 1987 1 Act 200 JUL

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monag physician and campletely filled in by the funeral directar page 3 enchanpapers. Pages 1 and 2 should be filed within 72 haurs after death that removal.

TO FUNERAL DIRECTOR: After this certificate hos been should be detoched for use as the buriol-tronsit period). The with the State Dept. of Health and Mental Hygiene prior to

retained by the haspital or attending physician.

			STATE	OF MARYLAND		
1	FOR STATE	DE		EALTH AND MENTAL HYGI	BE 7 1 9	751
1	REGISTRAR				REG. NO.	, ,
			L	(KA14)	26 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
			- Li surce	21	ACE AND VE AND LAST BRIDGING	10-87 7:15 P M
3	1	RACE				MONTHS DATS HOURS MIN
70 Bi	RTHPLACE ISTATE OR ECOREGO	IN CITIZEN OF WHAT COLL		11 29,1910	, C (N)	TY OF DEATH
C	COUNTRY) •	1121	MARRIE		2-11.	C-1
10-01	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL,	NURSING HOME C		120 USUAL OCCUPATION	12b. LIND OF BUSINESS OR
1	Dalhanne				SALES LADY	RETAIL
	AL RESIDENCE (IF NURSING HOME O	POTHER INSTITUTION GIVE RESIDENCE	E BEFORE ADMISSION)	134 INSIDE CITY HAITS?	13. STREET ADDRESS / 710 COL	
MAF	RYLAND	BALTI	MORE	YES NO	7031 SURREY DR.	(21215)
I4. FA		MIDDLELA	ASI		MIDDLE	LAST
						WERBER
16a V	VAS DECEASED EVER IN U.S. Al		L SECURITY NO.			
	NO	220-	18-4874	SEYMOUR ROSE	N FARMINGTON H	ILLS, MICH(48018)
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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		DUE TO, OR AS A CON	SEQUENCE OF	trustile 1	Prese design	uls.
	gave rise to immediate	(b)	mu Corn	wing rock	uny una	e 1
	cause (a), stating the underlying cause last.	DUE TO, OR AS A CON	SEQUENCE OF			0
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	S TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OF CONDITION G	IVEN IN PART 1:0
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18	19a DATE OF OPERATION	198 GONDITION FOR	WHICH OPERATIO	N WAS PERFORMED		ES, WERE FINDINGS USED
LE					and the same of th	'IFYING CAUSES OF DEATH? YES \(\bigcap \text{NO} \(\bigcap \)
Ü			H DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
₹ S		ALI .	19			
(ED	21d INJURY OCCURRED	21e. PLACE OF INJURY	OFFICE FARM ETC 1	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
2	AT WORK AT WORK			1 0-	alex	07 2
			01/	110 100	, to	, 19 that (Iv (we) last
	The second secon		19 / 00	d that in (my) (our) opinion d	eath accurred on the date and he	aur and from the enuser stared
	saw the decreased alive or above, (h) we) (did) wid no	ot) view the body after death			com occorred on my dore and no	
	saw the decision of the or above, (h) we) (did util on 22% SIGNATURE)	ot) view the body after death		DEGREE	,	th DATE SIGNED
	12% SIGNATURE SELVE	uun		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	
	THE PHYSICIANS NAME (1)	OR PRINT)		ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	
	THE PHYSICIAN SNAME ITEM S. LEVENS	OR PRINT) GON	- //	ATTENDING PHYSICIAN DIVIDALE GI	MEDICAL STAFF DIRECTOR PHYSICIAN	
(S. LEVENS	OR PRINT) GON	236 NAME OF C	ATTENDING PHYSICIAN DIVIDENCE AND THE PHYSICIAN DIVIDENCE AND THE PHYSICIAN DIVIDENCE AND THE PHYSICIAN DEPTHYSICIAN DEPTH	MEDICAL STAFF DIRECTOR PHYSICIAN ERIATRIC HOSP. 1236 LOCATION	The Date Signes 7
B	S. LEVENS	DR PRINT) SON 123b DATE	23c NAME OF C	ATTENDING PHYSICIAN DIVIDING PHY	MEDICAL STAFF DIRECTOR PHYSICIAN	LTÖUNTY MD. STATE
	I. DE (TYPE	I. DECEASED NAME (IVPE OR PRINT) JO. BIRTHPLACE (STATE OR FOREIGN COUNTRY) JO. BIRTHPLACE (STATE OR FOREIGN JO. BIRTHPLACE (STATE OR FOREIGN JIA COUNTRY) JIA COUNTRY JIA COUNTRY JIA CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA Conditions, if any, which gave rise to immediate cause to), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT JIA CACIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OR COUNTRY JIA CACIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OR COUNTRY JIA CACIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OR COUNTRY JIA CACIDENT WAS UNDERLYING COUNTRY JIA CACIDENT WA	I. DECEASED NAME (TYPE OF PRINT) WEINER JO. BIRTHPLACE (STATE OR FOREIGN Jb. CITIZEN OF WHAT COUNTRY) JO. COUNTRY) JO. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, TO WHAT COUNTRY (IN NOT IN SUCH FACILITY, ON JACK PARTYLAND 13b COUNTY 13b	I. DECEASED NAME (IVPE OR PRINT) WEINER A RACE A R	REGISTRAR I. DECEASED NAME (TYPE OR PRINT) WE INER 3 NOTE: A RACE A PRIL 29, 1910 A P	TO ECCEASED NAME REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH

RIG.	PON	1	5	2

	X		CEASED NAME			WIDDLE			AST	,		20 DATE KN OF E DEATH M		HINON	DAY YEAR	26 HOUR
	ASS SEE SEE SEE SEE SEE SEE SEE SEE SEE			John	12		1		amins				AILU [7	14 19 87	M
	RECTOR. R FILES. HOURS	3 SEX		4 RACE	5. DATE OF BIRTH	1919	6 AGE (IN YEA			HOURS	R 24 HRS	PRONOUNCE	D	ONIA	UAT TEA	2d HOUR
	SARY, PLEAS L DIRECTOR YOUR FILE IN 72 HOUR STON STREET	MA	LE	WHITE	JANUARY		68 YR		DATS	HOURS	Marie .	DEAD		7	14 1987	3:44 D M
	SUP ZE	7a. B1	RTHPLACE (ST.	ATE OR	76 CITIZEN OF W	HAT COUN	VTRY?	8 AAADDIE	D NE	VER MAR	DIED 🗆	9 BALTIMOR	E CITY OR C	OUNT		1
	NECESSA FUNERAL 5 FOR Y WITHIN	9	REIGN COUNTRY)	NITA	TT C	S.A.		WIDOWE		DIVOR	-	Da	Limon	0 0		
	2 n . > -		TY OR TOWN (11. NAME OF HOS		RSING HOME					UAL OCCUPAT	ItIMOY		26 KIND OF I	BUSINESS
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MD.	The company	14. FA	THER'S NAME						5 MOTH	ER'S MAIL	DEN NAME					
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E	24.00		ES, NO, OR UNKNOS ES		WAR OR DATES)	1/0	16 721	1	TOHN	M	KAMIN	JOVV I	T.Z LA EWISVI	NDF	ALL CIE	RCLE #1
-	20年2年	-		DEATH (Face of	ly ane cause per line		-16-731	1	OOM	11.	KAIIII	VOKI L	EMIDAT	بالبائر		T DUO /
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EST	A Z A T Z A	/		s, if any, which	DUE TO, OR	AS A CON	NSEQUENCE C	OF					drow	ning		
OK.	ESASAS.			e ta immediate	(b)											
*	NAME NO		cause (a) lying caus	stating the under-	DUE TO, OR	AS A CON	NSEQUENCE C	OF .							District.	
201	SAME S		lying coos	se idsi.	(c)											
DS,	A SELECT		PART 2 OTNER SIG	NIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELA	ATEO TO THE TERMI	INAL DISEASE C	OR CONOITIO	N GIVEN IN F	ART 1 (g).					
COR	WEDIC WEDIC AS A ALTH CREAN	CERTIFICATION	P 1 5 2 2 2													
L RE		7 3	19a. DATE OF	OPERATION	196. CONDI	TION FOR	WHICH OPER	ATION WA	SPERFOR	MED?					20 AUTOPS	A.S.
I	30(1)	Ĕ	1000												YES .	NO []
DIVISION OF VIT	CERTIFICATE S TING THE WO DED TO THE O 3 SHOULD BE DEPARTMENT I PRIOR TO BU	1 1 1	21s. EXTERNA		21b. TIME O			21c HOV	W INJURY	OCCURR	ED LENTER	NATURE OF INJURY	IN ITEM 18 PART	I OR PART		
Z	SHOULD PARTME	1 4	UNDERLYING	OR CALISE OF	DEATH D. 30 P.M	MONTH			3							
S	ERTIF ING ING ING S SHO PRIG	MEDICAL	21d. INJURY O		21e PLACE		14 1987	211 LOC	ATION	unre	spons	ive in	DOOT			
×		ME	WHILE	NOT WHILE	STREET, FAC	TORY, FARM, E	TC.)	STR	EET			CITY OR TOWN		COUP	-	STATE
_	E, WR EWARI PAGE STATE		AT WORK	AT WORK	VNCA S	wimmi	ng poo	1 YMC	A Ro	lling	Rd.	Caton	sville	B	alto.	MD.
	NO. HES		22a. I certif	y that I taak charg	e of the remains de	cribed abo	ave, held an	Autapsy	X.	Inspecti	an .	Inquiry] and in	ту ары	nian	
	± ≥ ⊢ F F €		death resulte	d fram Natur	al causes	Accident	X Sui	cide	Hamie	ride	Under	termined mann	er [].			
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	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3		ACTUAL	Ma	MAD I-	No	NX	D.M	1				-	DATE	7 11	5-87
	SHORE AL		SIGNATURE_	V V U	12 40	-	300	M.D	MSS	istar	MED MED	ICAL EXAMIN	ER	SIGNED	/ <u>-</u> L	2-8/
	W CAN	4.	EXAMINER'S												24.0	
	TO MEDICAL EXAM EXECUTE THE CERT PAGE 4 SHOULD B PAGE 4 SHOULD B A FTER DEATH, WITH BALTIMORE, MARY		(TYPE OR PRIN	1700		le,	Ir M	DAI	DDRESS_	111	Penr		Balto.	Md	212)]
		23a. B	JRIAL, CREMAT	ION, REMOVAL 2		23c. 1	NAME OF CEM	AETERY OR	CREMATO	SSIA1	23d. LC	OCATION OR TOWN		COUNT	Y	STATE
07/84 25M	BP		JRIAL		7/18/87	S	T. MICH	IAEL'S	ORT	HODO.	X I S	T. CLA			KILL	PA.
MCS	DHMH - 17	24 FL	NERAL DIRECT	& RUSSET	LL C. WIT	ים קאל	IMEDAT	HOMEO	D A	250. DATE	REC'D BY	108 FRAR	256 REGISTR	AR'S SK	GNALURE	J.o
	(VR A15 ME (5))	116	30 EDM	ONDSON AV	ZENUE CAT	NSVI	LLE MI			JUL	-110	1001	J			

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

쉌	O DTREGISTRAR		CERTIFIC	CAIC OF DEATH	REG. NO	- TO 188	
	OPPEASED NAME FIRST (TYPE OR PRINT) MAYBE	LLE	KAPI	AST	JULY 23, 198	DAY YEAR	IO:11 F
	FEMALE	4 RACE WHITE		of BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) 83 8 YRS.	MONTHS DATS	IF UNDER 24 HRS HOURS MIN.
	BALTIMORE, MD	76 CITIZEN OF WHAT C	WIDOWE	D NEVER MARRIED D	BALTIMORE BALTIMORE	CITY	MD.
	BALTIMORE	11. NAME OF HOSPITA (IF NOT IN SUCH FACILITY THE JOHN	L, NURSING HOME C GIVE STREET ADDRESS) S HOPKINS	HOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LE HOUSEWIFE		OME
2	USUAL RESIDENCE IN NURSING HOME OR 136 STATE 136 COUN MARYLAND BAL	ITY 13c CIT	PENCE BEFORE ADMISSION) Y OR TOWN TIMORE	136 INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP COD 8420 WINANDS		80
	/ MOSES		YNE	15. MOTHER'S MAIDEN NAI FIRST ANN IE	WIDDIE	LAST	LEVIN
1	160 WAS DECEASED EVER IN U.S. AR NO (IF YES GIV	E WAR OR DATES!	046-0401	17. INFORMANT MR 8242 BRATTI	RS. PHILIPOGEAZER E RD. BALTO.,	MD 212	208
	Canditions, if any, which gove rise to immediate cause (a), storing the underlying cause last. PART 2 OTHER SIGNIFICANT (190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	CONDITIONS CONTRIBL	ic Stenosi	NOT RELATED TO THE TERM	IN CERTI	S, WERE FINDING	GS USED OF DEATH?
	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA IFETHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINER A WORK AT WORK 220 I certify that In Albus baces saw the deceased alive an above 11x yet (and did no 22b. SIGNATURE 22d PHYSICIAN'S NAME (TYPE C	P.M. 21e PLACE OF INJU (AT HOME, STREET, FACTO (AT) attended the deceo	DNTH DAY YEAR 19 RY DRY OFFICE, FARM ETC.) sed fram 19 31, or	211 LOCATION STREET	YES NOW Y RED (ENTER NATURE OF INJURY IN ITEM IS CITY OR TOWN The Table of INJURY IN ITEM IS CITY OR TOWN THE TABLE OF INJURY IN ITEM IS CITY OR TOWN THE TABLE OF INJURY IN ITEM IS CITY OR TOWN THE TABLE OF INJURY IN ITEM IS CITY OR TOWN THE TABLE OF INJURY IN ITEM IS CITY OR TOWN THE TABLE OF INJURY IN ITEM IS CITY OR TOWN THE TABLE OF INJURY IN ITEM IS CITY OR TOWN THE TABLE OF INJURY IN ITEM IS CITY OR TOWN THE TABLE OF INJURY IN ITEM IS CITY OR TOWN THE TABLE OF INJURY IN ITEM IS THE TABLE OF INJURY IN ITEM IS CITY OR TOWN THE TABLE OF INJU	county 19 87. It 19 87. It ur and from the county 7/2	
	230 BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	JULY 26,19	87 BETH E	EMETERY OR CREMATORY L MEM. PARK	23d LOCATION CITY OR TOWN RANDALLSTOW		-
	24 FUNERAL DIRECTOR SOL 6010 REISTERSTOWN			NC. 256 DAT	FRECIS BY REGISTRAR 256 REGIS	IRAR'S SIGNATU	JRE

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has should be detached for use as the burial-transit perwith the State Dept. of Health and Mental Hygiene PMPORTANT: If Hem 21 is marked at Item 18 shows in the contract of the c

TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the haspital or attending physician.

BP

FOR - STATE

director, page 3 hours after death

may be

STATE OF MARYLAND

1	9	1	5	
REG. NO.				

DA of a		STATE OF MARYLAND	
1	FOR 07 - STATE 7 REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 8 7 9 / 5	4
	CEASED NAME PIRST FOR PRINTING	EEG. NO. REG. NO. REG. NO. REG. NO. REG. NO. REG. NO. 10 10 10 10 10 10 10 10 10 1	HOUR A.M
3. SE	EMALE	T. MACE	OURS MIN.
70.8 F	IRTHPLACE (STATE OR FOREIGN 76 SOUNTRY)	WIDOWED DIVORCED DATTIMORE CITY OF COUNTY OF DEATH	/ MD.
007	ATIMORE	11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION (Type of work for most of working life) INDUSTRY HOME MATCH	USINESS OR
130 m	ALRESIDENCE (IF NURSING HOME OR OT) STATE 13b. COUNTY	TY IS CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 717 5. 620 VERS	24
	TOHN DEMB	ADDIE AST MARKY KRUDSKI LAST	
	WAS DECEASED EVER IN U.S. ARME YES, NO OR UNKNOWN) (IF YES, GIVE W	WAR OR CATES) 21530 1941 (TERALDINE SAVAGE SAME	= SALL
e sect, the	18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B		IE INTERVAL SET AND DEATH
a contract of the contract of	Canditions, if any, which	DUE TO, OR AS A CONSEQUENCE OF (16) CORONARY ANTERY OCCUUSION	
or other	gave rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF (c) ATHENOSCIENOTIC CANDIDUASCULAR DISEASE	3-9
	PART 2 OTHER SIGNIFICANT COM	ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110	
8 shows ony injur	190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF	
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)		
MEDICAL	214. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OEEKE, EARM ETC.) 211. LOCATION STREET CITY OR TOWN COUNTY	STATE
2 15 mg	22a. L certify that (1) (this haspital) saw the deceased alive an above, (1) (we) (shell (did nat) v	6 - 23 19 8 7 and that in (my) (and approximately approximately and from the cau	at (I) (we) last uses stated
T. # Hear	226 SIGNATURE Joseph D. No.	THISCIAIN & DIRECTOR HITISICIAN	GNED - 1987
	JOSEPH D. NOT		21202
23	OPIAL, CREMATION, REMOVAL	7/8/987 ST. STANISLAUS BALTIMORE	MD
83	MONS L. TACZO	OROWSKI 2525 PLET JUL ? 1987, Julia Direction	Condises.

DHMH - 16 50M 4/83

CABLE FEET TO YEAR SEE WAS THE WAS THE FEET OF THE 50 - 1011 3 4 - 1144 - 10 124 FERRIA CONTRACTOR OF THE SECOND CONTRACTOR OF LANDAURE SANS, WENTERN SIZE MARKET THE LAND THE STATE OF THE CLASS OF The Deligion of the Control of the Bolley and 21 May 1 On the Live of the State of the Sta

1-	FOR STATE REGISTRAR				NT OF H	OF MARYLAND EALTH AND MENTAL HYGICATE OF DEATH	3 /	REG. NO	9	1	5	h-s	
	CEASED NAME	FIRST	MIDD	LE	1/	AST	20 DATE O	FDEATH	MONTH	DAY	YEAR	26 HOUR	P
[TYPE	OR PRINT)	EDWARI		L.	KAR	P, SR.	JULY	5, 19	987			2:30	M
3. SE	X	4. F	RACE		DATE O		6 AGE IN	YEARS LAST BIRT	HDAY	MONTHS	R I YEAR	HOURS AIN	
	MALE		WHITE		JUL	Y 5 1937 YEAR	5	0	YRS	I I	UA,3	MODES AND	
	RTHPLACE (STATE OF	FOREIGN 7b.	U.S.A.		MARRIED	NEVER MARRIED		TIMOR	_		ATH		ND.
	TY OR TOWN OF DE BALTIMORI	E 2	2831 MON	SPITAL, NURSING CILITY, GIVE STREET AD TEBELLO	HOME O	ROTHER INSTITUTION	TYPE OF WOR	OCCUPATION	WORKING	LIFE) IND	USTRY	F BUSINESS O	R
13a. S	AL RESIDENCE (IF NUE	13b COUNTY	130	CITY OR TOWN	1	13d INSIDE CITY LIMITS? YES 🛣 NO 🗌		ADDRESS /	ZIP COI	TEI	RRAC	E 21214	_
	THER'S NAME FIRST EDWARD	MIDI	KAR	P (AST		15. MOTHER'S MAIDEN NA. FIRST LILLIA		WIDDIE			VA	CEK	
	VAS DECEASED EVEL YES NO OR UNKNOWN)	(IF YES, GIVE W.	AR OR DATES	20-36-35		SHARON EDWA	RDS (S	ADDRE	\$5610)	- 2	2120		
	18 CAUSE OF DEA PART I. DEATH V Conditions, if any gave rise to im cause (a), stat- underlying caus	WAS CAUSED B IMMEDIATE C y, which immediate ing the	DUE TO, OR AS	FOR (0), (b), and (TURNAL) S A CONSEQUEN S A CONSEQUEN	CE Off	Jetevein	tory	Dise	tes	.8	APPROXU ETWEEN C	MATE INTERVAL INSET AND DEATH	
NOI	PART 2 OTHER SIG	1	NOTIONS CONT	4 1	ath But	NOT RELATED TO THE TERM	INAL DISEAS	E OR CONE	OITION G	IVEN IN I	PART 110	1	
CERTIFICATION	19a DATE OF OPERA	ATION	19b. CONDITIO	N FOR WHICH O	PERATIO	N WAS PERFORMED	20a AUT	NO	IN CERT			OF DEATH?	
	210. ACCIDENT WAS UP OR CONTRIBUTING [CAUSE OF DEATH	P.M.	MONTH DAY	YEAR 19	21c. HOW INJURY OCCUR	RED (ENTERN	ATURE OF INJUR	Y IN ITEM IS	PART I OR	PART 2)		
MEDICAL	21d INJURY OCCUI	WHILE	21e PLACE OF	INJURY FACTORY OFFICE, FAR	M, ETC)	211 LOCATION STREET		CITY OR TO	wn	co	UNTY	STATE	
	22a.1 certify that (d that in (my) (our) opinion						that (I) (we) lo	st

sow the deceased olive an abave, (U (we) (did) (did nat) view the body after death 22b. SIGNATUR

220 DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN

224 PHYSICIAN'S NAME

BURTAL

deoth deoth

hours of

of bu

noufied

medico Poges

abod

22e ADDRESS

DEGREE

23c NAME OF CEMETERY OR CREMATORY

GARDENS OF FAITH

MIS

DR. MARION KOWALEWSKI 230 BURIAL CREMATION, REMOVAL 23b DATE

8604 HARFORD RD.

23d LOCATION BALTIMORE

STATE MD.

COUNTY

24 FUNERAL DIRECTIMUNEK FUNERAL HOME INC.

7/8/87

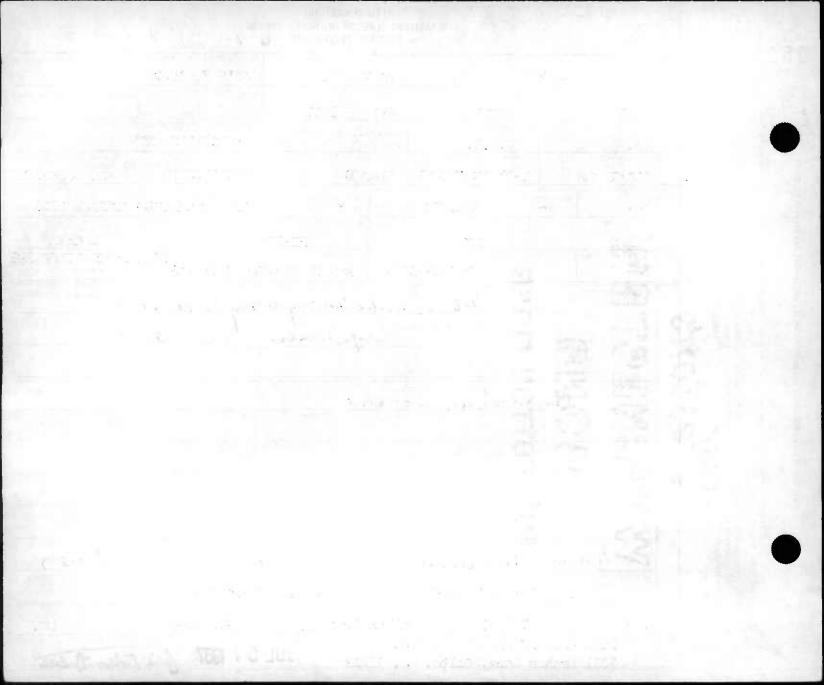
250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

IMPORTANT

3331 Brehms Lane, Balto, Md. 21213



within 24 hours after death. Page 4 may be

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

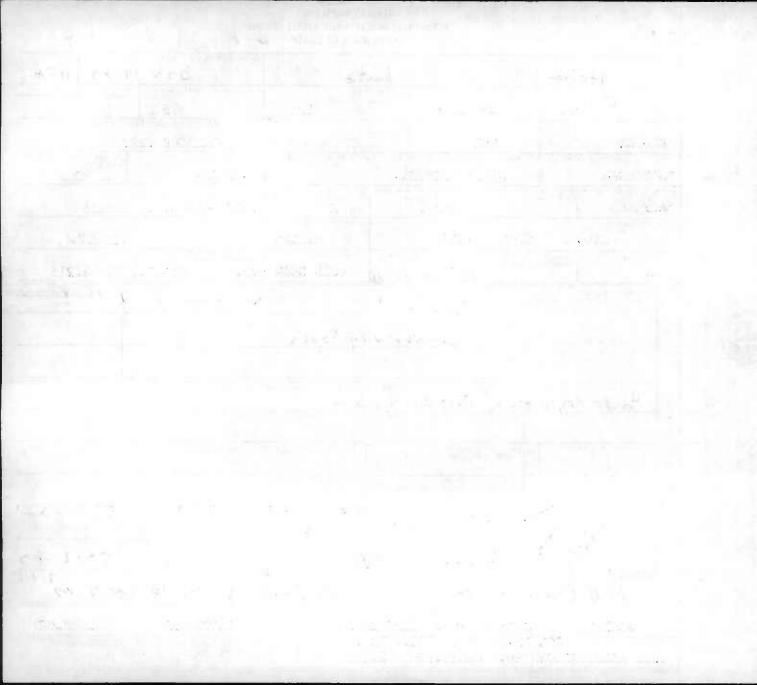
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DEC NO				- 0

		EASED NAME FIRST						
		OR PRINT)	WIDDLE	EAST	20 DATE OF DEATH		AY YEAR	26 HOUR
	(TIPE O	Helen		Katz	07	7 - 1	2-87	11-1
3	. SEX	17	4 RACE	5. DATE OF BIRTH	& AGE (IN YEARS LAST BIRTHO		FUNDER I YEAR	IF UNDER 24 H
214		EMALE	W HITE	MONTH DAY 1911	7	5 YRS	DATS	HOURS M
77		THPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR		OF DEATH	
	RÜ	JŠŠIA	USA	WIDOWED X DIVORCED	BALTIMOR	RE CIT	Y	
		Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A STNAT HOSPIT.	(DDRESS)	176 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF V HOUSEWIFE			F BUSINESS OME
7 61	13a. ST	RESIDENCE (IF NURSING HOME OF ATE 136 COL	DR OTHER INSTITUTION GIVE RESIDENCE BEFORE INTY 13c CITY OR TOWN BALTO.		13e STREET ADDRESS / A	ZIP CODE	#21215	
	4. FAT	HER'S NAME YAAKOV	MENDEL PELC AST	IS MOTHER'S MAIDEN NAM	WIDDLE		LIBERM	AN
0 1/	60 W/	AS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECUR		AARON PENERES	S	W.	-
medico	N	SOO OR UNKNOWN) (IF YES, G	139-34-	8592D 4023 GLEN	AVE. BA	LTO.,	MD 2.	1215
ofic ever		PART I. DEATH WAS CAUS	ATE CAUSE (0)					
er troumo		Conditions, if ony, which gove rise to immediate couse (a), stating the		nelmmy Sepsis				
y, or other		gove rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO D ATEM OF STATEMENT OF S	NCE OF	200 AUTOPSY?	206. IF YES,	WERE FINDIN	IGS USED
y, or other		gove rise to immediate couse 101, stating the underlying couse lost PART 2 OTHER SIGNIFICANT AUTHORITIES AND	DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO D ATEM OF STATEMENT OF S	NCE OF WEATH BUT NOT RELATED TO THE TERM Syndian	200 AUTOPSY?	206. IF YES,	WERE FINDING CAUSES	IGS USED
18 shows any injury, or other	CERTIFICATION	gove rise to immediate couse 101, stating the underlying couse lost PART 2 OTHER SIGNIFICANT AUTHORITIES AND	OVACUL OUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO D 196. CONDITION FOR WHICH I	NCE OF NEATH BUT NOT RELATED TO THE TERM OPERATION WAS PERFORMED 1216 HOW INJURY OCCURE	200 AUTOPSY? YES NO	206. IF YES, IN CERTIFY YES	WERE FINDIN	IGS USED OF DEATH?
18 shows any injury, or other	MEDICAL CERTIFICATION	gove rise to immediate couse 101, stating the underlying couse lost PART 2 OTHER SIGNIFICANT PROBLEM OF OPERATION 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	OVACUL OUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO D 196. CONDITION FOR WHICH I	NCE OF SEATH BUT NOT RELATED TO THE TERM SEATH OPERATION WAS PERFORMED 216 HOW INJURY OCCURS 19 211 LOCATION	200 AUTOPSY? YES NO	206. IF YES, IN CERTIFY YES	WERE FINDIN	IGS USED OF DEATH? NO
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18 shows any injury, or other	MEDICAL CERTIFICATION	gove rise to immediate couse 101, stoting the underlying couse lost PART 2 OTHER SIGNIFICANT 190, DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN 2101 INJURY OCCURRED WHILE AT WORK 220.1 certify that (1) (this hom)	DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO D 196. CONDITION FOR WHICH (216. TIME OF INJURY HOUR A.M. MONTH DA ER) P.M. 21e. PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE FA	NCE OF REATH BUT NOT RELATED TO THE TERM OPERATION WAS PERFORMED 216. HOW INJURY OCCUR! 19 211. LOCATION STREET 19 21. Ond that in (my) (our) opinion DEGREE ATTENDING	200 AUTOPSY? YES NO CITY OR TOWN CITY OR TOWN depth occurred on the dote	20b. IF YES, IN CERTIFY YES IN ITEM 18 PAI	WERE FINDING CAUSES TI 1 OR PART 2) COUNTY	STAT
18 shows any injury, or other	MEDICAL CERTIFICATION	gove rise to immediate couse 101, stating the underlying couse lost PART 2 OTHER SIGNIFICANT PART 2 OTHER SIGNIFICANT PRODUCTION 100, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMINA 21d INJURY OCCURRED AT WORK AT WORK 22d. Certify that (1) (this has a propulate in a company 22d. PHYSICIAN'S NAME (Type	DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO D 196. CONDITION FOR WHICH IS 216. TIME OF INJURY HOUR A.M. MONTH DA 2116. PLACE OF INJURY (AT MOME STREET FACTORY, OFFICE FA	NCE OF PEATH BUT NOT RELATED TO THE TERM OPERATION WAS PERFORMED Y YEAR 19 211 LOCATION STREET 19 7 , ond that in (my) (opr) opinion DEGREE	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJURY CITY OR LOW!	20b. IF YES, IN CERTIFY YES IN ITEM 18 PAI	WERE FINDING CAUSES TO THE TOWN PART 2) COUNTY Ond from the 22c. DATE 7	STATE

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

FOR - STATE



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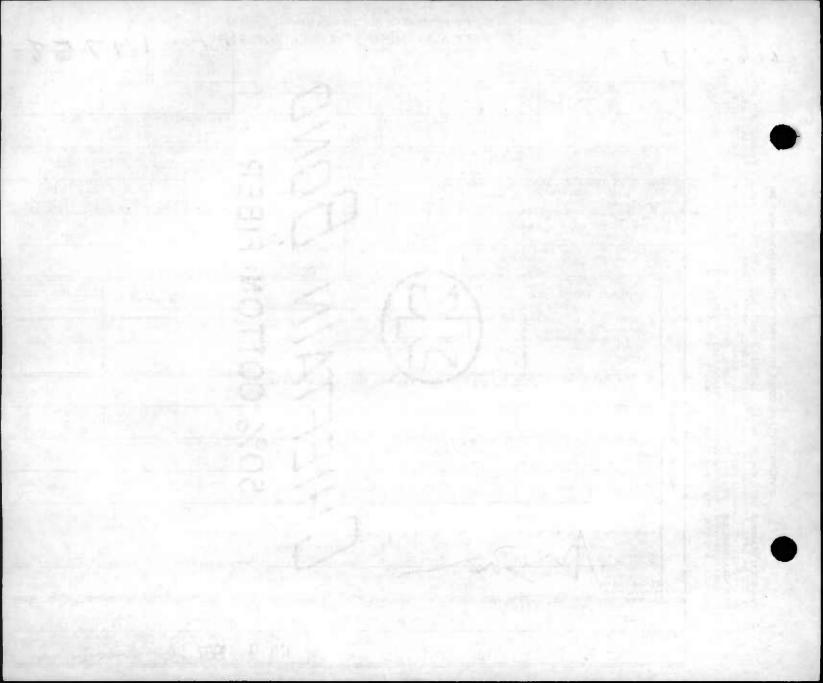
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DHMH - 17

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	3 SEX		TRACY	S. DATE OF BIRTH	P.	6. AGE (IN YEAR		KAUTZM.	AN IF UNDE	D O 4 LIDE	DEATH MA		7	6 I	9 87	78 HOUI
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1	10 CI	TY OR TOWN	OF DEATH	II. NAME OF HOSP	ITAL, NUI	REET ADDRESS)	OR OTH	HER INSTITU	TION	12a. USI	MAL OCCUPAT	ION (TYPE C	OF WORK	12b. KINI OR	D OF BUS	SINESS
			IF IN NURSING HOME OF		RESIDENCE	BEFORE ADMISSION		(Bay B	2		Unemp	Toyea		21	1061	
5	M	aryland	0.0			n Burni	ie	YES 🗆	NO X		Il Steve	ens R	d.,			rnie
0	14. FA	THER'S NAME FIRST Raym		MIDDLE		utzman			R'S MAID		Le			Boo	ist Ier	
7	(YE	AS DECEASED	EVER IN U.S. ARME	ED FORCES? AR OR DATES)	16b SOC	EAL SECURITY		17. INFORA	TAANT		A	DDRESS		505	, , ,	
har		NO CALISE OF	F DEATH (Enter only			-86-56	15	Kare	n Bo	ger,	Same as	s 13		APPI	ROXIMATE	INTERVAL
		Candition	IMMEDIATE is, if any, which e to immediate stating the under-	CAUSE (a) Har	nging AS A CON									SETWE	EN ONSET	AND DEATH
	NO	PART 2 OTHER SIG	CHIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BU	IT NOT RELA	TEO TO THE TERMIN	IAL OISEAS	SE OR CONDITION	E GIVEN IN P	ART 1 (g)						
1	FICATI	19a. DATE OF	OPERATION	196. CONDITI	ON FOR	WHICH OPERA	TION W	VAS PERFOR	MED?			1,33			TOPSY?	
3	MEDICAL CERTIFICATION	UNDERLYING	L CAUSE WAS OR OF CAUSE OF DE	-		DAY YEAR - 1987		ow injury			NATURE OF INJURY	IN ITEM 18 PAI	RT I OR PAI		s bd	NO []
	MEDI	216. INJURY O WHILE AT WORK	NOT WHILE AT WORK	street, factor Bay Br	RY, FARM, ET	rc.I		CATION STREET 0 blk	Edw	vight	Ct.,Ba	lto.		unty 7		STATE
		AT WORK AT WORK X Bay Brook Park 1200 blk. Edwight Ct., Balto. City MD 270. I certify that I took charge of the remains described above, held an death resulted fram Natural causes , Accident , Suicide X, Hamicide , Undetermined manner , TITLE (SPECIFY) Deputy Chief SIGNED 7-7-87									87					
2	7	EXAMINER'S I	AIII	M. Dixon,				_ADDRESS	111	Penn	St., B				L201	
	23a.Bl	Burial	ION, REMOVAL 236	. DATE		nter C				CITY	enter		0111	ver	ST	ÑĎ
	24 FU	JAMES James	S. Kirkl	ey, Glen	Burn	ie, MD			JUI	REC'D. BY	REGISTRAR 7	4 4	Sand		RE	Z.



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH

G	IENE 8 /REG. NO.	9	1	5	7
	713187	DAY	YEAR	26 HOU	R Stall
	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDE	RIYEAR	of UNDER	24 HR
39	5 92 YRS		DAYS	HOURS	AA II
			ATL		

LAST DECEASED NAME LaVaun TYPE OR PRINT! B. Keefe 4 RACE 5. DATE OF BIRTH 1 SEX MONTH DAY Female White February 22. 18 TO BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Utak USA Baltimore City WIDOWED DIVORCED MD.

	Baltimore	(IF NOT IN SUC	on Memorial Ho		TUTION	(TYPE OF W	ork for most of w	ORKING LIFE)	INDUSTRY	NESS C
	BOUAL RESIDENCE (IF NURSING 130, STATE 131		GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN Baltimore	134. INSIDE CIT	TY LIMITS?	? 13e.STREE	T ADDPESS / Z 22 Aiken	P CODE Stre	et 21218	
	14. FATHER'S NAME FIRST	WIDDIE	Watt	15. MOTHER'S	MAIDEN	NAME	MIDDLE		LAST	
	160. WAS DECEASED EVER IN (YES, NO OR UNKNOWN)	U.S. ARMED FORCES? IF YES, GIVE WAR OR DATES]	166 SOCIAL SECURITY NO.	Mrs. Mrs. Mrs. Mrs. Mrs. Mrs. Mrs. Mrs.		Regina	McAvoy		Parkview	Ter
١	18 CALISE OF DEATH	Enter anly and sauce nos	line for to) the and to)						APPROXIMATE IN	TERVAL

18 CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT		
IMMEDIAT	ECAUSE (0) SIGMOIC CATCINOMA	14 days	
	DUE TO, OR AS A CONSEQUENCE OF	3	
Conditions, if ony, which gove rise to immediate	(b)		
couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF		

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NON

210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION COUNTY CITY OR TOWN AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

AT WORK NO! WHILE 6 22a I certify that (1) (this hospital) attended the deceased from sow the deceased alive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

obove, (I) (we) (b(d) (did not) view the body ofter death 226 DATE SIGNED 22b. SIGNATURE DEGREE MEDICAL STAFF
DIRECTOR PHYSICIAN ATTENDING

224. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS

JUNE BREINER

201 E. University Pkwy

PHYSICIAN

23a. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION Cremation July 7,1987

Westview Memorial Catonsville Balto,

24 FUNERAL DIRECTOR Leonard J. Ruck Inc. Baltimore, Maryland

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

FUNERAL DIRECTOR

HOSPITAL

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CERTIFICATION

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1 DE LASED NAME MIDDLE 2a DATE OF DEATH JAMES **JOSEPH** IF UNDER I YEAR 4 RACE 5 DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) 3. SEX May 30, 1907 Male White 80 9 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Maryland U.S.A. Baltimore City WIDOWED DIVORCED [10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY Mercy Hospital Product Container Co. - Self Baltimore TISUAL RESIDENCE HE NURSING HOME OF OTHER INSTITUTION 130 STATE 136 COUNTY 13e.STREET ADDRESS / ZIP CODE 13c. CITY OR TOWN 1 13d. INSIDE CITY LIMITS? Baltimore 5205 Hillburn Ave. 21206 Maryland YES IX NO [14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST LAST Not Known Not Known Keefer 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT LYES NO OR UNKNOWN LIE YES GIVE WAR OR DATEST Catherine Keefer 5205 Hillburn Ave. 21206 No 217-09-5447 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for to), (b), and (c)
PART I. DEATH WAS CAUSED BY: ANTERIOR MYOCARD INFAR IMMEDIATE CAUSE (p) DUE TO, OR AS A CONSEQUENCE OF ER WBE PNEUMONIA Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY IN CERTIFYING CAUSES OF DEATH? YES T 21a ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET FACTORY, OFFICE, FARM, ETC 1 NOT WHILE ottended the deceased from 22a.1 certify that (1) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED ATTENDING MEDICAL DIRECTOR PHYSICIAN

23a BURIAL CREMATION, REMOVAL

23c. NAME OF CEMETERY OR CREMATORY

Baltimore

24 FUNERAL DIRECTOR

Leonard J. Ruck, Inc. Baltimore, Maryland

Jul 22 1987

DHMH - 16 60M 7/84 (VRA 15, 4)

Sacred Heart of Jesus

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FOR

STATE OF MARYLAND						
DEPARTMENT OF HEALTH AND MENTAL	HYGIENE					
CERTIFICATE OF DEATH	×					

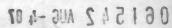
DEPARTMENT	OF HEALTH	AND MENTAL	HYGIENE
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Z . /	DE	CLASED NAME FIRST	M	UDDLE	L	LAST	20. DATE OF DEATH	MONTH	DAY YEAR	25 HOUR
	(TYPE	DAPRINT)	7	Α.	7/00	200	S. Brook L. Ca	7 -3	31-87	19:43
1	3. SEX	X	Agnes 4. RACE		5. DATE C		6 AGE (IN YEARS LAST BI	RTHDAY)	IF UNDER I YEAR	IF UNDER 24
		Female	White		MONTH		88	MBS	MONTHS DAYS	HOURS
4		RTHPLACE (STATE OR FOREIGN		VHAT COUNTRY?	8		9 BALTIMORE CITY	OR COUNT	Y OF DEATH	1
9	(Maryland	USA		MARRIE	D NEVER MARRIED	Deltimon	_ ci +:		
5	10 CI	ITY OR TOWN OF DEATH				OR OTHER INSTITUTION	Baltimore			OF BUSINES:
4	1			FACILITY, GIVE STREET A	_		(TYPE OF WORK FOR MOST)		IFE) INDUSTRY	
(H U	AL RESIDENCE HE NURSING HOME	OR OTHER INSTITUTION OF	Memoria GIVE RESIDENCE BEFORE	ADMISSION)	spital	Housew	TIE	OWI	nome
4	13a. S	STATE 136 COL	NIY	13c. CITY OR TOWN	V	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS			2722
4	100	Maryland Ba	ltimore	Dundal	LK	YES NO IX	2720 Cre	ston	Road	2122
W	7	FIRST	MIDDLE	EAST		FIRST	MIDDLE		LA.	iston
1	1	Joseph		Klappenbe	_		4.000	500	111	iston
0		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES	166 SOCIAL SECUR		17 INFORMANT	ADDR			
-		NO		213-28-5	0849	Beatrice V	. Rhoades 2	720 C		
		18 CAUSE OF DEATH (Enter of	inty one couse per l	line for (a1, (b1, and	(c),				BETWEEN	ONSET AND DE
я		PART I. DEATH WAS CAUS	TE CAUSE (0)	Cardio-1	Juhna	nary errest				
7		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last.	(b)	AS A CONSEQUE	NCE OF	erotic Voscul		و,		
7	NO	gave rise to immediate cause to stating the	DUE TO, OR	AS A CONSEQUENT AS A CONSEQUENT AT LET	NCE OF NCE OF	erotic Voscul	Lar Diseas		VEN IN PART I	0
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7 7 7	-	gove rise to immediate couse to stating the underlying couse last. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING (OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMINI 21d INJURY OCCURRED WHILE AT WORK AT WORK 22a.1 certify that (I) (filly hospically saw the deceased alive or obove, (I) (we) (did) (did in 22b SIGNATUR)	DUE TO, OR (c) CONDITIONS CO 19b CONDIT 21b TIME OF HOUR A.M P.M 21e PLACE C (AI HOME SIRE onto) oftended the	AS A CONSEQUEINTRIBUTING TO DO TON FOR WHICH OF THE PROPERTY O	NCE OF OSCUEATH BUT OPERATION Y YEAR 19 ARM EIC) On One	NOT RELATED TO THE TERM NOT RELATED TO THE TE	200 AUTOPSY? YES NO PRED (ENTER NATURE OF INJURE CITY OF TO death occurred on the death	20b IF YE IN CERTI YI YI YE IN ITEM 18	S, WERE FIND IFYING CAUSES ES PART I OR PART 2) COUNTY 19 Ur and from the	NGS USED S OF DEATH' NO star
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DHMH - 16 60M 7/8 (VRA 15, 4)

BP.

7922 Wise Ave. Dundalk, MD



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STATE OF MARYLAND DEPARTMENT

CE

OF HEALTH AND MENTAL HYG	IENE		
RTIFICATE OF DEATH	8 REG. NO.	9/	0 4
LAST	20. DATE OF DEATH MO	NIH DAY YE	AR 26 HOUR
KEITH		1 15 8	7 01121
DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDA		
12 19 DS	81	YRS	PATS HOURS MIN.
APPIED NEVER MARRIED	9. BALTIMORE CITY OR C	OUNTY OF DEAT	Ή
DOWED DIVORCED	BALT. C	117	M
			ND OF BUSINESS OF
IL CENTER	Housewi	10	
	113 STREET ADDRES / 7	20103	5/21218
YES NO		1 - 4	21230
			LAST
		ه ل	HUSON
REG. NO. 28. DATE OF DEATH MONTH DAY YEAR 76 HI XE 17 H DATE OF BIRTH MONTH DAY YEAR 8. AGE (IN YEARS LASE BIRTHDAY) IF UNDER 1 YEAR 8. UN ARRIED DAY YEAR 8. AGE (IN YEARS LASE BIRTHDAY) IF UNDER 1 YEAR 8. UN ARRIED DOWCED DOWCCED DOWCRED TO THE REST TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 TO REG. NO. 120. DATE OF DEATH MONTH DAY YEAR 8. UN MONTHS DAYS HOUSE 9. BALTIMORE CITY OR COUNTY OF DEATH 120. USUAL OCCUPATION (TYPGOF WORK FOR MOST OF WORKING (IFE) INDUSTRY) 121. KIND OF BUS INDUSTRY 121. MINDORE CITY LIMITS? 136. STREET ADDRESS 7. ZIP CODE 15. MOTHER'S MAIDEN NAME 15. MOTHER'S MAIDEN NAME 15. MOTHER'S MAIDEN NAME 16. AGE (IN YEARS LASE BIRTHDAY) IF PART 1 TO 121. MONTHS DAY AND IN INFORMANT ADDRESS 15. MOTHER'S MAIDEN NAME 16. AGE (IN YEARS LASE BIRTHDAY) (TYPGOF WORK FOR MOST OF WORKING (IFE) INDUSTRY 121. KIND OF BUS INDUSTRY 122. KIND OF BUS INDUSTRY 123. KIND OF BUS INDUSTRY 124. KIND OF BUS INDUSTRY 125. KIND OF BUS INDUSTRY 126. KIND OF BUS INDUSTRY 127. KIND OF BUS INDUSTRY 128. KIND OF BUS INDUSTRY 129.			
90 mrs. Hlma	Hams 250	4Kiggs	Avei
1		BETY	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
luwusky Ar	rest		
	1*		
INE HEART	FARWAE		
OF			
H BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDIT	ION GIVEN IN PAI	RT 1(0)
	Las AUTORGY? Las	AL IE VEC MEDE E	NIDALOG LIGED
RATION WAS PERFORMED			USES OF DEATH?
121. HOW MILLIPY OCCUPY			NO [
YEAR YEAR	CED LENTER NATURE OF INJURY IN	ITEM IS PART I OR PAR	(1.5)
19 211, LOCATION			
STREET	CITY OR TOWN	COUN	TY STATE
6 25 10 87	7/15	10	7 4
, and that in (my) (aur) opinion	death occurred on the date	and hour and from	the causes stated
DEGREE			DATE SIGNED

CERTIFICATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED ö morked NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from, saw the deceased alive an_ abave, (1) (we) (did) (did not) view the bady after death. 226. SIGNATURE IMPORT

FOR

23 PREGISTRAR (TYPE ORPRINT)

FEMLE

10. CITY OR TOWN OF DEATH

BALTIMURE

LYES. NO OR UNKNOWNI

14. FATHER'S NAME

- STATE

3. SEX

E. Collier MICHAEL 236 DATE

4 RACE

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMI
130. STATE
131. COUNTY
132. CITY OR TOWN
134. CITY OR TOWN

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DE ATH WAS CAUSED BY

Conditions, if any, which

gove rise to immediate couse (a), stating the

underlying couse lost.

190 DATE OF OPERATION

MIDDLE

(IF YES, GIVE WAR OR DATES)

IMMEDIATE CAUSE (a)

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAT

BLACK Th CITIZEN OF WHAT COUNTRY?

11. NAME OF HOSPITAL NURSING H (IF NOT IN SUCH FACILITY, GIVE STREET ADDRE

MEDIC

BALT

ADAMS

16b. SOCIAL SECURITY

215-22-9

CALONDOL

DUE TO, OR AS A CONSEQUENCE CONGEST

DUE TO, OR AS A CONSEQUENCE

196 CONDITION FOR WHICH OPE

(AT HOME, STREET, FACTORY, OFFICE, FARM,

(c).

21b. TIME OF INJURY HOUR A.M. MONTH DAY

P.M

21e. PLACE OF INJURY

2600

HEIGHTS

MEDICAL

PHYSICIAN DIRECTOR PHYSICIAN

UBERTY NAME OF CEMETERY OR CREMATORY

22e ADDRESS

ATTENDING

BP. 24 FUNERAL DIRECTOR

DHMH - 16 60M 7/84 (VRA 15, 4)

(0) 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

STAFF

Symp vallet f	Heral	- me	18 23 8/
			51.W.155
	September 1000		
Denis Edwards to			W
Newson L. Co.	unal Lineas	IA.	1
	esalt confidence		
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

JUL 24 B7 R REGISTRAR

STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HYGIENES CERTIFICATE OF DEATH

	9	1	6	
REG. NO.				

- 1							TEAR 26 1 VRS 1 VRS					
1		EASED NAME FIRST	Charles A. Kelly, Jr. Charles Charles A. Kelly, Jr. Charles Charles A. Kelly, Jr. Charles Cha									
1	(TAPE	Charl	Les	Α.	T _k	Kellv.	Tr.	()4	1	19 1	987	1:30P
ł	3. SEX				T		-	AGE INTE	ARD LANGER	THDAY	UNDER 1 YEAR	IF UNDER 24 HRS
1		Male			MONTH	21 DAY	26	61		MC	INTHS DAYS	HOURS MIN.
d	400	RTHPLACE (STATE OR FOREIGN			В			100 (00)	RE CITY O		OF DEATH	
9	C	Maryland USA WIDOWED DWORCED Baltimore City CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUICH FACILITY GIVE STREET ADDRESS) OF OR OTHER CITY OF WORK FOR MOST OF WORKING LIFE! INDI										
"	-											
A		Balto. City	3900	Taylor	ADDRESS) Avenue	07.07/		(TYPE OF WORK	FOR MOST O		INDUSTRY	
1	13a S			130 CITY OR TOW	/N			13e STREET A	DDRESS Tay	ZIP CODE	_	
	14 FA	THER'S NAME	w Doug	1467				ΛE		MAL B		
			T	Kell	Ly,Sr.	L	illie				Stein	ert
				166 SOCIAL SECL	RITY NO	17 INFORMA	ANT		ADDRE	SS		
1	(4	res, no grunknown) (IF Yes, GIV	V TI	219-18-	-5888	Rose	Marie	Kelly	3900	Taylor	Avenu	e 21236
1	16.	18 CAUSE OF DEATH (Enter or	nly one cause per	line for (a), (b), an	dic		No. of the				APPROXIA BETWEEN C	MATE INTERVAL
1		PART I. DEATH WAS CAUSE	D BY:		-	maNA	24	ARRE.	55		5	-mIN
	G	Canditions, if any, which	DUE TO, O		ENCE OF	BSTRU	CTIVE	PU	u me	mary	Y	EARS
1	-	cause (a), stating the	DUE TO, O		ENCE OF			PISEA	SE		4R	nes
	NOI		-	-	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE	ORCON	DITION GIVEN	N IN PART 1 o	
7	CERTIFICATION	190 DATE OF OPERATION	Charles A. Kelly, Jr. RACE									
7	1770	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.	M. MONTH D		21c. HOW IN	JURY OCCURR	20 DATE OF DEATH MONIN DAY YEAR 28 HOUR PART 1:30 PM 130 PM				
-	MEDICAL	21d. INJURY OCCURRED	21e PLACE	OF INJURY					CITY OR TO	wn	COUNTY	STATE
		220.1 certify that This hasp	JUN	1 17 19 6	0 -		, 19 8 2 (our) opinion o	to		1	and from the	that (we) last
	£	1226 SCHATURE	1 /3	Miles		ma	ATTENDING PHYSICIAN	MEDICAL DIRECTOR [STAF	F HAN	22c. DATE	SIGNED
		22d. PHYSICIAN'S NAME (TYPE	A. Kelly, Jr. AGE CONTROLL									
		& exalgix Marrig	AXMABA 6	65-4400	MID	8100) Harfor	rd Rd.	Balt:	imore,	Maryla	and
	23a. B	URIAL, CREMATION, REMOVAL	23b. DATE						TION		COUNTY -	2 (2.1)
		Burial	7-18-8	Ne Ne	w Catl	hedral	Cemeter	3	Ba.	Ltimore	, Mary	/Land

7408 BelAIR Rd.

BALTO, MD, 21236

DHMH - 16 60M 7/84

OF UNEAL DIRECTOR: After this certil cat has been in houst be a set of the buriol in any permit. The interests of Realth and Mentel His are Dept of Mealth and Mentel His

ADSTANT: If Hem 21 is marked or Hem 18 No

24 FUNERAL DIRECTOR

Lassahn Funeral Home

(VRA 15, 4)

BP.

Interpretation for the state of the state of

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the

retained by the hospital or attending physician

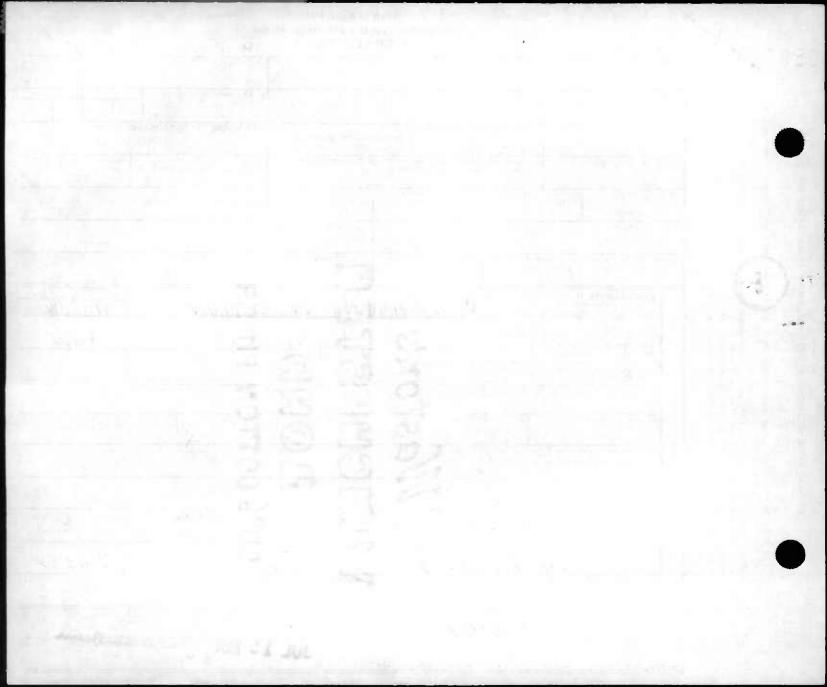
BP.

thin 24 hours after death. Page 4 may be

					STAT	E OF MARY	AND					
	1 - STATE			DEPARTI			MENTAL HYG	IENE	J			
	REGISTRA	.R			CERTIF	ICATE OF	DEATH	0 /	REG. NO.	1 9	1	Ó 6-
- 1	I. DECEASED NA	ME FIRST		MIDDLE		LAST		20 DATE OF	DEATH MO	ONTH DA	Y YEAR	26 HOUR
	TYPE OR PRINT	HAROL	D	В.	K	ELLY		13. 1	7	10	1987	
1	3 SEX		4 RACE		5. DATE			6. AGE INY	EARS LAST BIRTHE		FUNDER I YEAR	HOURS MI
	M/	ALE		BLACK	8	15	1913	73		YRS	DNIHS. DATS	HOURS M
2		(STATE OR FOREIGN	76. CITIZEN C	F WHAT COUNTRY?	1	1/	MARRIED -	9 BALTIMO	RE CITY OR		OF DEATH	
5	MARYLA!	ND	U. S	. A.	WIDOW		IVORCED	BAL	IMORE	CITY		
-070	10 CITY OR TOW			F HOSPITAL, NURSIN		OR OTHER IN	STITUTION		OCCUPATION		12b KF t	. BMAENADE
	BALTIM	ORF		SUCH FACILITY, GIVE STREET ESERVOIR S					CLERK	/ORKING LIFE!	U.S.	GOVERNI
			E OR OTHER INSTITUTI	ON GIVE RESIDENCE BEFOR	E ADMISSION)	A 124 INICIDE	CITY LIMITS?			UR CODE	MARYLA	ND 212
1	MARYLA		JUNIT	BALTIMO		YES X	NO [732 RE	SERVO	IR ST	. BALT	IMORE.
	14. FATHER'S NA	ME				15 MOTHER	'S MAIDEN NA					
Y	RICI	HARD	MIDDLE	GOUGH		1	ULA		WIDDLE		LA	AST
	160 WAS DECEA	SED EVER IN U.S.		? 166 SOCIAL SECL	JRITY NO.	17 INFORM	ANT MRS.	III N	ADDRES	BALTIN	MORF.	MARYLA
1	YES, NO OR UN		GIVE WAR OR DATES	219-01-0	1961		ILLA M.	KELLY				ST. 212
						111130	ILLIN III	116661	122	TEGETT		XIMATE INTERVAL
		DEATH WAS CAL	JSED BY:	per line for (o) (b), an	e Ofu	TO DAM	Lavanin	lan pelli	This		77	11/16
		IMMED	HATE CAUSE (0)	(10.70)	Cira	U CEVE	ALDA ANCOC	W CULL	NEW V			170017
			DUE TO	OR AS A CONSEQU	ENCE OF	1	INDITA	AAA III			1 U	non
		s, if any, which	(p)			10	POIL	NYIUM_			-	347
		o), stating the	DUE TO	OR AS A CONSEQU	ENCE OF		100	- Herei				
			((c)									
		THER SIGNIFICAN	NT CONDITIONS	CONTRIBUTING TO	DEATH BU	NOT RELATE	D TO THE TERM	AINAL DISEASI	E OR CONDI	HON GIVEN	N IN PART 1	10
	CERTIFICATION 210 VALUE (ATTION 210 VALUE (ATTIO	OF OPERATION	Igh COI	NDITION FOR WHICH	OPERATIO	N WAS PERF	ORMED	20s AUTO	PSY?	Oh JE YES	WERE FIND	INGS USED
1	5	or Oreantion	1,70 CO.	TOTAL CONTINUES	O. EKATIC	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0	V50 🗆	1	IN CERTIFY	ING CAUSE	S OF DEATH?
5	The ACCIDI	NT WAS UNDERLYING	73h TIAA	OF INJURY		Tale How	NJURY OCCUR	PED (content)	NOL	YES		ио 🗆
3	OD CONTROL	BUTING CAUSE OF	110110	A.M. MONTH D	AY YEAR	210.110	NJORT OCCUR	KED (ENIERNA	TORE OF INJURY	NIEM IS PAR	RI (OR PART 2)	
1	(IF EITHER	NOTIFY MEDICAL EXAM		P.M.	19	AV 10617	1011					
	ш	YOCCURRED		CE OF INJURY STREET FACTORY, OFFICE,	FARM ETC)	21f. LOCAT	ET		CITY OR TOWN	1	COUNTY	STATE
	AT WORK	NOT WHILE				200			1 dans	1	1 1 1 1	
			1191	the deceased from_	1	115	, 19	, to	V DOG WA	19	9	, that (1)(we)
	sow 1	he deceased alive			, 0	nd that in (m)	r) (our) opinion	deoth occurre	d on the date	and hour	ond from the	e couses stated
	22b. SIGN.	ATURE /	1 111.		1	DEGREE		1			-	E SIGNED
		1/11	or war	MU 1			PHYSICIAN A	MEDICAL	STAFF PHYSICIA	N	1/-	-13-87
1	224 PHY51	CIAN'S PLAME IT	CH PRINT		/	22e ADDRI	SS	1				
V												
	230 BURIAL CRE	MATION, REMOV	AL 23b. DATE	. 230	NAME OF	CEMETERY OF	CREMATO	C 234 LOCA	TION			
	(SPECIEY)	CREMATION	-/-	/			CREMATO	- CITY	ORTOWN	TIMO	PF MA	RYLAND
					.0. 11	OUL JJ	254 DA	RE REC'DARES			ARSISTONA	
B4	NULLE	K FUNERAL	- MUMES,	INC. ADDRESS BALTIMORE	MD	21214	JUL	70.190	8	60-		
	ZOUL GM	TINITO PALL	D LVMI.	DALTITURE	. 9 I'IU 1	ZIZIC						

DHMH - 16 60M 7/B4

(VRA 15, 4)



BALTIMORE, MD. 21201 DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,

07/84 25M

BP **DHMH** - 17 (VR ALS ME (51)

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T - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF REATH

REC N	0	1	0	Su
KECE			-	- Op

	ASED NAME FIR	ST MIDDLE		LAST	OF ESTI	VN X MONTH DAY YEAR
	F	REGINA		TLLY	DEATH MATE	D 7-29-87 ₁₉
0.5E	4 RACE	3. DATE OF BIRTH	6 AGE (IN YEARS IF UN		R 24 HRS 2c. DATE MIN PRONOUNCED	MONTH DAY YEA
-	F. W	8/6/20	66 YRS.	IS DATS HOURS	DEAD	7-29-8719
	RTHPLACE (STATE OR	A TIZEN OF WHAT CO	OUNTRY? 8. MARRI	ED NEVER MAR	RIED T BALTIMORE C	CITY OR COUNTY OF DEATH
10	actempe		WIDOW	ED DIVO		
10 €	ITY OR TOWN OF DEATH	11 NAME OF HOSPITAL, I	NURSING HOME, OR OTH	ER INSTITUTION	120 USUAL OCCUPATION	N (TYPE OF WORK 126 KIND OF OR INDU
21	Baltimore	1458 Steve		3.17	Reteres	
		OHE OF OTHER INSTITUTION, OM RESIDE GUNTY TILE, C	HCE REPORT ASMISSIONS OR TOWN -	138 INSIDE CITY SHIPTS?	13e. STREET ADDRESS	11 9/330
Signal	Md	- 9	alleman	YES NO	14581	lexesson.
O E	ATHER'S NAME	1 4994 / 1	Pull	15. MOTHER'S MA	DEN NAME	LAST
21	naucus	M. Kell	ly	Carke	rexe Ik	oire
	WAS DECEASED EVER IN U.S YES, NO, OR UNKNOWN) (IF YES	G. ARMED FORCES?	SOCIAL SECURITY NO.	17 INFORMANT	- , ADI	DRESS 19197-
	100-	91	13-10-461	cache	une of ll	CON 1906
	DARTIDEATHANAC CA	er only one couse per line for (o), NUSED BY:				BETWEEN ON
d .	IMMI	EDIATE CAUSE (a) Arteri		ardiovasc	ular disease	
5		DUE TO, OR AS A C	ONSEQUENCE OF			
200	Canditions, if any, w			1 1		
5	cause (a) stating the un lying cause lost.	DUE TO, OR AS A C	ONSEQUENCE OF			
Z I	lying coose lost.					
2		(c)				
N N	PART 2 OTHER SIGNIFICANT CONDI	TIONS CONTRIBUTING TO DEATH DUT NOT	RELATED TO THE TERMINAL DISEASI	OR CONDITION GIVEN IN	PART 1 10	
CREMATIC	PART 2 OTHER SIGNIFICANT CONDI	TIONS CONTRIBUTING TO DEATH BUT NOT			PART 1 to	70 AUTOPS
NIAL, CREMATIC		TIONS CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEASE		PART 1 o	20 AUTOPS
SETTIFICATION		110NS CONTRIBUTING TO DEATH BUT NOT	OR WHICH OPERATION W	AS PERFORMED?	PART 1 0 RED LENTER MATURE OF INJURY IN I	YES [
CE C C S	190 DATE OF OPERATION 100 EXTERNAL CAUSE WA	110NS CONTRIBUTING TO DEATH BUT NOT 196. CONDITION FO	OR WHICH OPERATION W	AS PERFORMED?		YES [
CE C C S	190. DATE OF OPERATION 100 EXTERNAL CAUSE WAR UNDERLYING OR CONTRIBUTING CAUSE 214 INJURY OCCUPRED	196. CONDITION FO	OR WHICH OPERATION W IY ITH DAY YEAR 19 URY (ATHOME, 711, LÖ	AS PERFORMED? OW INJURY OCCUR	RED LENTER HATURE OF INJURY IN I	YES TEM 18 PART 1 OR PART 2)
201 PRICE TO BURIAL, CREMATIO	190. DATE OF OPERATION 100 EXTERNAL CAUSE WAR UNDERLYING OR CONTRIBUTING CAUSE 214 INJURY OCCUPRED	196. CONDITION FO	OR WHICH OPERATION W IY ITH DAY YEAR 19 URY (ATHOME, 711, LÖ	AS PERFORMED? DW INJURY OCCUR		YES [
CE C C S	19a. DATE OF OPERATION 1 a EXTERNAL CAUSE WA UNDERLYING OR CONTRIBUTING CAUSE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	196. CONDITION FO 196. CONDITION FO 216. TIME OF INJUR HOUR A.M. MON OF DEATH 21e. PLACE OF INJU STREET, FACTORY, FAR	OR WHICH OPERATION W IY ITH DAY YEAR 19 JRY (ATHOME, 211 LÖ S	AS PERFORMED? OW INJURY OCCUR CATION TREET	RED LENTER HATURE OF INJURY IN I CITY OR TOWN	YES TEM IB PART I OR PART 2) COUNTY
CE C C S	19a. DATE OF OPERATION 1 a EXTERNAL CAUSE WA UNDERLYING OR CONTRIBUTING CAUSE 21d. INJURY OCCURRED WILE NOT WHILE AT WORK 22a. I certify that I took of	196. CONDITION FOR STREET, FACTORY, FAR Charge of the remains described of the street	OR WHICH OPERATION W IT DAY YEAR 19 JRY (ATHOME, 711 LÖ sonove, held on Autop	AS PERFORMED? OW INJURY OCCUR CATION TREET Sy	CITY OR TOWN	YES TEM 18 PART 1 OR PART 2)
CE C C S	19a. DATE OF OPERATION 1 a EXTERNAL CAUSE WA UNDERLYING OR CONTRIBUTING CAUSE 21d. INJURY OCCURRED WILE NOT WHILE AT WORK 22a. I certify that I took of	196. CONDITION FO 196. CONDITION FO 216. TIME OF INJUR HOUR A.M. MON OF DEATH 21e. PLACE OF INJU STREET, FACTORY, FAR	OR WHICH OPERATION W Y Y Y Y Y Y Y Y Y Y Y Y Y	AS PERFORMED? OW INJURY OCCUR CATION TREET Sy Inspect Homicide I	RED LENTER HATURE OF INJURY IN I CITY OR TOWN	YES TEM IB PART I OR PART 2) COUNTY
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CE C C S	19a. DATE OF OPERATION 1 a EXTERNAL CAUSE WA UNDERLYING OR CONTRIBUTING CAUSE 21d. INJURY OCCURRED WILE NOT WHILE AT WORK 22a. I certify that I tack of death resulted from;	196. CONDITION FOR STREET, FACTORY, FAR Charge of the remains described of the street	OR WHICH OPERATION W IT DAY YEAR 19 JRY (ATHOME, 711 LÖ sonove, held on Autop	AS PERFORMED? OW INJURY OCCUR CATION TREE1 TITLE (SPECIFY)	CITY OR TOWN	YES
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LTIMORE, MARYLAND, 21201 PRICK TO BU	19a. DATE OF OPERATION 1a. EXTERNAL CAUSE WAR UNDERLYING OR CONTRIBUTING CAUSE 21d. INJURY OCCURRED WILE NOT WHILE AT WORK 22a. I certify that I took of death resulted from;	110NS CONTRIBUTING TO DEATH BUT NOT 196. CONDITION FOR 196. CONDITION	OR WHICH OPERATION W IT DAY YEAR 19 JRY (ATHOME, 711 LÖ sonove, held on Autop	AS PERFORMED? DW INJURY OCCUR CATION TREET TITLE (SPECIFY) D. ASSISTA	CITY OR TOWN Inquiry	COUNTY and in my opinion DATE SIGNED 7-20

IMPORTANT: If Item 21 is marked or Item 18 stid

STATE OF MARYLAND

DEPARTMEN	T OF	HEALTH	AND	MENTAL	HYGIENE
C	ERT	IFICATE	OF	DEATH	

06	0988	JUL 2		REGISTRAR			MENT OF I	E OF MARYLAND EALTH AND MENTAL ICATE OF DEATH	8 IREC	G. NO.	9 /	5 6
37	poge 3			CEASED NAME VERNO		WIDDIE	K	EMPF	20 DATE OF DEAT	7 - Z	27 -87	2142 AM
4-	ge 4 may		3. SEX	M	4 RACE	/	5. DATE (6. AGE (IN YEARS LA	ST BIRTHDAY)	MONTHS DAYS	HOURS MIN.
	eoth. Pog	2º		RTHPLACE (STATE OR FOREIGN COUNTRY) Balto.	76. CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOW	D NEVER MARRIED		MYC	CUTY OF DEATH	MD.
101	s ofter d by the fu	3/	1	TY OR TOWN OF DEATH	Francia Francia	Shert Ken	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCU	OSTOF WORKING		OF BUSINESS OR
AND 21201	n 24 hou filled in	36	13a. S	AL RESIDENCE (IF NURSING HOME TATE 13b COL	OR OTHER INSTITUTION JNTY	130. CITY OR TOV		13d INSIDE CITY LIMIT YES NO	1500	SS/ZIP COL	Ave.	21227
MARYL	of within	0.30	J FA	THER'S NAME FIRST	MIDDLE	Kemp	*	15. MOTHER'S MAIDER	latie MOD		Ecke	řt
BALTIMORE, MARYLAND	(10)	2 medicol		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, C	RMED FORCES? GIVE WAR OR DATES)	16b. SOCIAL SEC	URITY NO.	Mr. Emory J	323 Ridge A	re. Ar	rbutus, l	Md. 2122
ST., BALT	The state of the s	went, the	>	18 CAUSE OF DEATH (Enter	anly ane cause per SED BY. ATE CAUSE (a)	61	dup	ulmona	my Arres	x	BETWEEN	ONSET AND DEATH
PRESTON S	eoth ce	on, or t		Canditions, if any, which		OR AS A CONSEQU	7	hird dea	rec am	4	72	Zhrs
₹.	by the o	, cremati ather tra		gave rise to immediate cause (a), stating the underlying cause last	DUE TO, O	OR AS A CONSEOL	IENCE OF	8				
RDS, 201	equires 1	njury, or	N O	PART 2 OTHER SIGNIFICANT	CONDITIONS C		DEATH BUT	NOT RELATED TO THE	TERMINAL DISEASE OR C	ONDITION G	VEN IN PART 1	a.
AL RECO	he low r	ene prio	CERTIFICATION	19a. DATE OF OPERSTION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES □ NO	IN CERT	ES, WERE FINDING CAUSES	NGS USED S OF DEATH? NO
DIVISION OF VITAL RECORDS,	4	hem 18 sign	_	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	EATH HOUR A	M. MONTH D	AY YEAR	- Cluts	COURSED (ENTER NATURE OF	- Are		cooking
OIVISION	NG PHYS	ked or	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	(AT HOME, ST	OF INJURY REET, FACTORY, OFFICE,		1300 Popl	la Are 1	Weth	mi	MD
	Spital or	T. of Health		220.1 certify that (1) (this has saw the deceased alive a abave, (1) (we) (did) (did	n JVW	4 19-	87		shian death accurred on t	he date and he		that (I) (we) last causes stated
	AL OR A the ho	ote Dept		276. SIGNATURE	Mon	gnio		ATTENEDIN	NG MEDICAL AN DIRECTOR PH	STAFF 1	22c. DATE	27/87
	HOSPIT ined by	h the Stone		22d. PHYSICIAN'S NAME TYPE	Y WO	NG	8	Francis S	Scott key M	edica	1 Cent	er

DHMH - 16 50M 4/83 (VRA 15, 4)

23e. BURIAL, CREMATION, REMOVAL (SPECIFY) 236 DATE

Burial

23c. NAME OF CEMETERY OR CREMATORY Loudon Park Cem

23d LOCATION CITY OF TOWN

Md.

6 U	692 JUL	27	87.		n	STA EPARTMENT OF	TE OF MARY		VOIENE 87	197	1.7
-	1	71-	STATE REGISTRAR			ICAL EXAMIN		IFICATE O	FDEATH	REG. NO.	61
D			CEASED NAME	FIRST		MIDOLE	LAST		2a. DATE KM	OWN MONTH	DAY YEAR 26 HOUR
	ET, ET,	1	CREKINI	WILLIE		S.	KENE	LY	OF E	ATED X 7	20 19/87
	L DIRECTOR. COUR FILES. N 72 HOURS ON STREET,	3 SE		4. RACE	DATE OF BIRTH	YEAR LAST BIRTHO	ARS IF UNDER TO		24 HRS. 21 DATE	MONTH	DAY YEAR 14 HOUR
	SSARY RAL DIR R YOU HIN 72	1 0	IRTHPLACE 1ST	80	D. CITIZEN OF WH	20 67	RS.		DEAD	7	21 19 87 AM
	A SERVICE SERV	F	REIGN COUNTRY)		W 41 4	AT COUNTRY?	MARRIED WIDOWED	NEVER MARRIE	Baltimor	ecity or coun	TY OF DEATH
	2年2月日	10. C	ITY OR TOWN		11. NAME OF HOSE	ITAL, NURSING HOM	1		12a USUAL OCCUPAT	ION (TYPE OF WORK	126 KIND OF BUSINESS OR INDUSTRY
	AND THE PARTY OF	-	altimor		1536 N.	Fulton Av			FOR MOST OF WORKING	3 LIFE)	OK HADUSTRY
21201	AND 3		TATE	13b. COUNTY	OTHER INSTITUTION, GIVE	13t. CITY OR TOWN	13d. INS	NO [13. STREET ADDRESS	WINUN,	105
RE, MD.	HE STAN	14. F	ATHER'S NAME	e Ke.	MIDDLE WBhy	LAST		OTHER'S MAIDE	BOUKA	E	dy 217
BALTIMORE	SAFTER D GIVE PAG TITH FORM PAGES IV	0	VAS DECEASED ES, NO, OR UNKNOV	EVER IN U.S. ARME	D FORCES?	166. SOCIAL SECURIT	40 91	ORMANT ANYS	WILSON "	ADDRESS	
PRESTON ST., B	MA 18. WA 18. WE, D.		18. CAUSE OF PART I DE	DEATH (Enter only ATH WAS CAUSED & IMMEDIATE	CAUSE (a) Hy	pertensive		vascular	disease		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
RESTO	IN 24 IN ITE	1		s, if any, which		AS A CONSEQUENCE	OF				
201 W.	N. OR TREAM			e to immediate stating the <u>under</u> - se last.	DUE TO, OR A	S A CONSEQUENCE	OF			ERL	
	ND NS A BURNET OF A STATE OF A ST	Z	PART 2 OTHER SIG	NIFICANT CONDITIONS CO	NTRIBUTING TO OFATH B	UT NOT RELATED TO THE TERM	AINAL OISEASE OR CON	DITION GIVEN IN PAR	T 1 (a).		
DIVISION OF VITAL RECORDS	~ III > Q Q D -	CERTIFICATION	190. DATE OF	OPERATION	196 CONDITI	ON FOR WHICH OPE	RATION WAS PER	FORMED?			20 AUTOPSY?
F VI	WORD WORD HE CHILL ENT OF	HE	21a. EXTERNA	L CAUSE WAS	21b. TIME OF		121c HOW INJ	URY OCCURRED	(ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PA	YES NOX
ONO	CERTIFICATION THE SED TO THE SHOULD DEPARTMINE TO THE SERVICE			IG CAUSE OF DE		MONTH DAY YEA	R				
DIVIS	WRI WRI AAGE AAGE	MEDICAL	214 INJURY O WHILE AT WORK	NOT WHILE AT WORK	21e PLACE O STREET, FACTO	FINJURY (AT HOME, PRY, FARM, ETC.)	211 LOCATION STREET	٧	CITY OR TOWN	cc	PUNTY STATE
	FICATE, DE FORM, DE FORM, PE THE ST LAND, 2			y that I took charge (134	ribed above, held an	Autopsy	, _laspection	Undetermined manner	ond in my o	pinion
•	LEXAMILE EXAMINED BOULD		ACTUAL SIGNATURE	1	2	2	TITI	E (SPECIEV)	ief MEDICAL EXAMINE		7-21-87
	TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM. TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2	2	EXAMINER'S) (TYPE OR PILK	Ann M	. Dixon,	M.D.	ADDRES	111 Pe	nn St.,Balt		- 32.00
07/84	BP A T P A P A P A P A P A P A P A P A P	23a.B		ION, REMOVAL 236	DATE / 57	23c. NAME OF CE		ATORY	23d LOCATION CONTOWN 200 Mg 3	M, 1/800	NTYMB STATE
25M	DHMH - 17 (VR A15 ME (5))	24 F	UNERAL DIRECT	hur PA	Lingspores	35 1 911	In w Uf	250. DJU	2 4 1987	Sh JEGISTRAPS	

2				STATE OF MARYLAND		
059986 Jul		L		ARTMENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	REG. NO	8 6 1 6
Page 4 may be 1 director, page 3 hours after death	3. SE)	MALE	RACE BLACK	S. DATE OF BIRTH MONTH JAY JEAN JIRY? 8 MARRIED A NEVER MARRIED	20 DATE OF DEATH MONTH AGE (IN YEARSTAST BIRTHDAY) 4 2 YRS. 9 BALTIMORE CITY OR COUNTY	IF UNDER LYEAR IF UNDER 24 AGS MONTHS DAYS HOURS MIN.
201 by the funce filed with 77	19.5	YORTOWN OF DEATH	Son Secur	WIDOWED DIVORCED URSING HOME OR OTHER INSTITUTION STREET ADDRESS!)	Baltimore (i 120 USUAL OCCUPATION (TYPE OF WORK EOR MOST OF WORKING LII DISabled	
MARYLAND 212 ed within 24 hou mpletely filled in ond 2 should be exominet mist be	130. 5	THER'S NAME		TOWN 13d INSIDE CITY LIMITS? YES NO 1 15. MOTHER'S MAIDEN NA	13. STREET ADDRESS / ZIP CODI	nuale St
MORE, ond condicol		CAS DECEASED EVER IN U.S. ARM ES. NO OR UNKNOWN) (IF YES, GIVE V	ED FORCES? 166 SOCIAL MAR OR DATES) 214-	nnedy Mazola SECURITY NO. 17 INFORMANT 40-9646 Mazola	Thompson 294	Jamuels Sq 13 Wi Canvale APPROXIMATE INTERVAL BETWEEN ONSE I AND DEATH
W. PRESTON ST., or the death certification by the attending phase remove corbang cremotion, or remotion, or remotion or remotion.	7	PART I. DEATH WAS CAUSED Conditions, if ony, which gove rise to immediate couse (o1, stating the underlying couse lost.	BY: CAUSE (o)	SEQUENCE OF ATION	TAAVASCULA SYNDROME	12
RECORDS, 20. I. low requires I. os been signer os been signer os mit. Then pl re prior to burny, os	CERTIFICATION	ACUTE RI	196 CONDITION FOR V	G TO DEATH BUT NOT RELATED TO THE TERY WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YE IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
VISION OF VI	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IE EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21b. TIME OF INJURY HOUR A.M. MONT P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, (H DAY YEAR 19 211 LOCATION	RRED (ENTER NATURE OF INJURY IN ITEM 18	COUNTY STATE
OR ATTENDI he hospital or he hospital or DIRECTOR. A DIRECTOR or use Dept. of Heal		22e.1 certify that (1) (this hospito sow the deceased alive on above, (1) (we) (did) (did not). 22b. SIGNATURE	view the body offer deoth.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	19 AT that (It (we) lost up and from the couses stated 22c DATE SIGNED T 15 87
TO HOSPITAL reformed by the TO FUNERAL should be delivered to the Store with the Store important:	230	BEANHOOD SURIAL, CREMATION, REMOVAL	D GM2N	2000 UN. (30VTIMPE ST,	65 PITAL Md. 21223
BP		SPECIFY	7/18/87	King Memorial Park	Randallstown	COUNTY STATE

DHMH - 16 60M 7/B4 (VRA 15, 4)

Wm. C. March F/H West 4300 Wabash Avenue

256 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR EASED NAME 20 DATE KNOWN OF ESTI-THOMAS **JOSEPH** KERRICK DEATH MATED 19 87 4 RACE DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY PRONOUNCED 25 July 29, 1961 DEAD MALE WHITE 1987 14 7b. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED & FOREIGN COUNTRYS USA Washington, D.C. Baltimore City 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Town of Ocean mechanic Baltimore University Hospital ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Sussex Selbyville 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Delaware Pringle's Mobile Home Par 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Walter Kerrick Helen Armstead Frances Kerns 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 7 INFORMANT **ADDRESS** DIVISION 820 Ocean Pines Walter A. Kerrick no 217 78 7267 Berlin, Md. 21811 MINER ALONG WI TRANSIT PERMIT. F INTAL HYGIENE, DI 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH Atlanto-occipital dislocation IMMEDIATE CAUSE (g)___ DUE TO, OR AS A CONSEQUENCE OF INCIL II Conditions, if ony, which gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO DO MENTAL CEPTIFICATE WRITING THE WORD "PER DEAGE 4. SHOULD BE FOR ARDED TO THE CHIEF A LO FUNERAL DIRECTOR PAGE 3 SHOULD BE USED SAFTER DATE OF HE STATE DEPARTMENT OF HE BALTIMORE. 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES SO NO 🗌 21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 21 UNDERLYING KOR HOUR A.M. MONTH DAY 7:55 xx 7-13- 19 87 CONTRIBUTING CAUSE OF DEATH Operator of motorcycle/motorcycle collision. 21d INJURY OCCURRED 2 Is PLACE OF INJURY LATHOME STREET, FACTORY, FARM, ETC.) STREET WHILE AT WORK AT WORK road 113 no. of Millsboro. Delaware Autopsy X 22a. I certify that I taak charge of the remains described above, held on Inspection Accident K death resulted from: Homicide ___ Undetermined manner Notural causes Suicide TITLE (SPECIFY) ACTUAL Deputy Chief 7-14-87 SKINATURE EXAMINER'S NAME

BP 07/84 **DHMH** - 17

Burial 07/16/87 24 FUNERAL DIRECTOR

23a. BURIAL, CREMATION, REMOVAL 23b. DATE

W. Kirk Burbage

(TYPE OR PRINT)

23t. NAME OF CEMETERY OR CREMATORY Sunset Memorial Park 23d LOCATION Berlin,

111 Penn St., Balto., MD

Worcester

108 Williams St. Berlin, Md. 21811

Ann M. Dixon, M.D.

Md.

21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

87 8 REG. MO.	19	7	70
REG. NO.			

060273	w:	FOR-	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENT CERTIFICATE OF DEAT		19770
		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MON	TH DY WAR 21 HOUR
1 F. B. C.	(TYPI	PATRI	СТА	KHALIL	JULY 16, 1	087 11.55p.
pooe pooe	3. SE		I4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDA	
4 9 9		2	W	MONTH DAY Y	YEAR	MONTHS DAYS HOURS MIN.
age		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	5 25	A BALTIMORE CITY OR CO	YRS DINITY OF DEATH
7 2 kg	7a. b	COUNTRY)	76. CITIZEN OF WHAT COUNTRY:	MARRIED NEVER MARR	IED 'L	
death.	1	MD.	U.S.A.	WIDOWED DIVORC		
the fire		ITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET		(TYPE OF WORK FOR MOST OF WO	12b. KIND OF BUSINESS OR RKING LIFE) INDUSTRY
2 . yall 0		ALTIMORE		S HOPKINS HOSP:	ITAL SECRETARY	TRAVELING CO.
thou ded in		AL RESIDENCE (IF NURSING HOME OF STATE 136. "COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 13c, CITY OR TOW		MITS? 13e STREET ADDRESS / ZII	CODE 21724
fill fill		MD.	BALT			EEPER ST.
hir Mine	14. F	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAI	IDEN NAME	IAST
7 7		JERRY	КОНО	TIT PC	SE MARY	LA31
S S S		VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SECU		ADDRESS	
Popular Popula	1	YES, NO OR UNKNOWN) (IF YES, GI	226-58	-2155 TOWN	HOPKINS HOSPIT	IA T
1 2 E	H		nly ane cause per line far (a), (b), an		HUPKINS HUSPIT	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ficot Shy pop novo ent,		PART I. DEATH WAS CAUSI	ED BY:	A 1	emmorlege	36 Manie
atic ev		IMMEDIA	TE CAOSE (0)		· · · · · · · · · · · · · · · · · · ·	211
UF TO NOT TO	1	6 80 4 11	DUE TO, OR AS A CONSEQUE			36 hows
D	1	Canditians, if any, which gave rise to immediate	(b) Cour	nadin		
一 美国主力	1)	cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	State Br	east (A	19 mouths
E	V					
5.4	z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO I	DEATH BUT NOT RELATED TO T	THE TERMINAL DISEASE OR CONDITION	ON GIVEN IN PART Ita
request. The arto	CERTIFICATION					
s on s on	S	19a DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN	E. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
The Diction.	1 2				YES NO	YES NO
Z Z S O T W	-	21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE		AY YEAR 71c. HOW INJURY	OCCURRED (ENTER NATURE OF INJURY IN	ITEM 18 PART I OR PART 2)
SICIA ing Control in Virial in Viria	CAL	(IF EITHER NOTIFY MEDICAL EXAMINE		19		
で ★ 草がまする で	MEDI	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
(5 t = 5 0 e)	~	AT WORK NOT WHILE AT WORK				
00 00 E		220.1 certify that (1) (this hasp	ital) attended the deceased fram_	7/16 19	9 4+ to 7/16	, 19 T, that (II (we) last
TTE prite pr		saw the deceased alive at	n	87, and that in (my) (aur)	apinian death accurred an the date of	and have and from the causes stated
OR A e hos DIRECTOR DEPT.		22b SIGNATURI	1/	DEGREE	and the state of t	22c. DATE SIGNED
		(phin)	(Amol	MAD ATTEN	NDING MEDICAL STAFF	7/16/87
o HOSPITAL	1	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS	TOTAL DIRECTOR DIVISIONAL	
HOSPI ined b FUNE wold be to the S		Tohia	D. Hummel	\$203 F	rederide Rd.	Cofoucville, ded
TO HOSPITAL (retained by the TO FUNERAL I should be detained with the State I IMPORTANT: If	22-	OTHER COSMANION OF THE		NAME OF CEMETERY OR CREM		1 21728
		BURIAL, CREMATION, REMOVAI (SPECIFY)	23b DATE 23c. 1	NAME OF CEMETERY OR CREM	CITY OR TOWN	COUNTY STATE
BP	24.5	REMOVAL	7-19-87		250. DATE REC'D. BY REGISTRAR 56.	DE CIC ID A DIC CIONIATION
DHMH - 16 60M 7/84	Z4.F	UNERAL DIRECTOR	AODRESS		1111 O 4 COCC	REGISTRAR'S SIGNATURE
(VRA 15, 4)		STATE A	NATOMY BOARD		JUL 21 198/ 14	Poliminative-librations

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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEN

8	PREG. 1	10.	9	1	7
DATEC	EDEATH	MONTH	DAY	VEAD	24

		REGISTRAR				CERTIF	ICATE OF DEATH	8 / _{REG.1}		9 /	71
JG	I DEC	CEASED NAME	ANNA		MAE	K	ING	JULY 30,	1987	DAY YEAR	11:00 A
	3. SE)	x Female	(Ya	4 RACE Whit	е	S. DATE O	of Birth Lary 17, 1921	6 AGE (IN YEARS LAST II		FUNDER I YEAR	IF UNDER 24 HRS HOURS MIN
5		RTHPLACE (STATEO		U.S.		WIDOWI		BALTIMORE CITY	RE CI	TY	MD.
11	ВД	ITY OR TOWN OF DI ALTIMORE	/	(IF NOT IN SUC THE	JOHNSTREEL	OPKI	OR OTHER INSTITUTION NS HOSPITAL	120 USUAL OCCUPA (TYPE OF WORK FOR MOST Tavern OW	OF WORKING LIF		
5	130. S	AL RESIDENCE LIE NU STATE Laryland	136 COUR	other institution NTY derick	13c. CITY OR TOWN	N	13d. INSIDE CITY LIMITS?	902 Chero			21701
1		Carl		WIDDLE	Soper		Goldie	WIDDIE	DECC -	O'Ha	ra
2		NAS DECEASED EVE YES NO OR UNKNOWN! NO	FIF YES. GIV	VE WAR OR DATES)	216-22-7	912	Hasson O. St			more,	gh Road Md. 21221
	NOIL	240 200000	(c)CONDITIONS_CO	Trahenica ONTRIBUTING TO D	AS A CONSEQUENCE OF THE PROPERTY OF ALL OF THE TERM						
7	CERTIFICATION	190 DATE OF OPER	ATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	700 AUTOPSY?. YES ♥ NO□	IN CERTIF	S, WERE FINDI YING CAUSE: S	
7	MEDICAL CER	27a.1 certify that	CAUSE OF DE	21e. PLACE (AT HOME STI	M. MONTH DA M. OF INJURY REET FACTORY, OFFICE F. The deceased from	19 ARM ETC J	71s HOW INJURY OCCUR 71s LOCATION STREET 19 8 7 nd That in my Lours apunion DEGREE	city OR , to death accurred on the	dote and hau	county	state that Tip(we) lost occuses stated E SIGNED
		Clain 276 PHYSICIAN'S Elain	NAME STYPES	DR PRINT)	<u> </u>		ATTENDING PHYSICIAN [DIRECTOR PHYS	7	7/3	21231
		BURIAL, CREMATION (SPECIFY) Buri					CEMETERY OR CREMATORY Olivet Cemeter	,		ederic	
	14 FI	UNERAL DIRECTOR	h, Kee	eney & B	asford Fu Frederick	nera:	T MOINE	1007	Pales Julia	Deordon.	LURE

DHMH - 16 60M 7/84 (VRA 15, 4)

should be detached far use as the with the State Dept. of Health and

TO FUNERAL DIRECTOR:

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MAPORTANT: If them 21 is morked or them 18 shaws any

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		4.0	. 15 and	, centre	ting tend dul

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

9	38	REGISTRAR		CER	TIFICATE OF DEATH	8 / REG. N	10.19//2
	TYPE	CEASED NAME FIRST OR PRINT) BOUTTOIC	Q /	OOLE .	LAST	29. DATE OF DEATH	MONTH DAY YEAR 26 HOUR 17 1987 X 20 PM
1	SEX	evale	1. RACE		TE OF BIRTH	6. AGE LINYEARS LAST BI	MONTHS DAYS HOURS MIN
9	7a. B1	RTHPLACE STATE OR FOREIGN	76 CITIZEN OF W	MAR	RRIED NEVER MARRIED	7 7 1 1	OR COUNTY OF DEATH
2	10 CT	Saltimure	LI DRY	DSPITAL, NURSING HOA FACILITY, GIVE STREET ADDRESS!	Center	120 USUAL OCCUPAT ITYPE OF WORK FOR MOST	OF WORKING LIFE) INDUSTRY
2	130. S	AL RESIDENCE HE NURSING HOME OF		TVE RESIDENCE BEFORE ADMISSINGLE CITY OR TOWN	13d INSIDE CITY LIMITS YES NO 15. MOTHER'S MAIDEN	12201 OV	ZIP CODE EM AUR /21217
ì	1	FIRST	PBFL	LAS1	FIRST	DA WILLS	D AJ
		VAS DECEASED EVER IN U.S. AR (ES, NO OR UINKNOWN) (IF YES, GIV	MED FORCES? (E WAR OR DATES)	66 SOCIAL SECURITY NO	MRS SHIRLE	4 GILLES 2201	OREM AUS BUSIN
		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA)	lly one couse per li D BY: TE CAUSE (a)	re for 10), (b), and (c).)	nact Ind	ection	APPRÖXIMATE INTERVAL BETWEEN ONSET AND DEATH
		Canditians, if any, which gave rise to immediate couse (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT ((b)	AS A CONSEQUENCE O	F	EPMINAL DISEASE OF CON	IDITION GIVEN IN PART LO
2	CERTIFICATION	D. Wellitus;	ASCYT	ON FOR WHICH OPERA		200 AUTOPSŸ?	20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
1	MEDICAL CER	21g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER	HOUR A.M	, MONTH DAY YE	AR 21c. HOW INJURY OCC	CURRED (ENTER NATURE OF INJU	JRY IN ITEM 18 PART 1 OR PART 2)
	MED	21d. INJURY OCCURRED WHILE OF WORK AT WORK	21e PLACE O (AT HOME STREE	F INJURY 1, FACTORY, OFFICE, FARM, ETC	21f LOCATION STREET	CITY OR TO	OWN COUNTY STATE
		22a. I certify that (I) this hospi sow the deceased alive on abave (I) (ve) (did) (did no	IT TUI	1087		on death occurred on the d	19 that (I we)lost ate and hour and fram the causes stated
		226 PHYSICIAN'S NAME (1) PEC	120	grup	DEGREE ATTENDING PHYSICIAN		
		David A.	JUN	am o	220 ADDRESS	y hadica!	1 Conter
	[3	BURIAL CREMATION, REMOVAL	7 - 22 -	57 MTZI	OF CEMETERY OR CREMATOR	BALTO	Co, MAD STATE
	24 FU	INERAL DIRECTOR		AODRESS	250. 1	DATE REC'D BY REGISTRAR	256. REGISTRARIE SIGNATUR

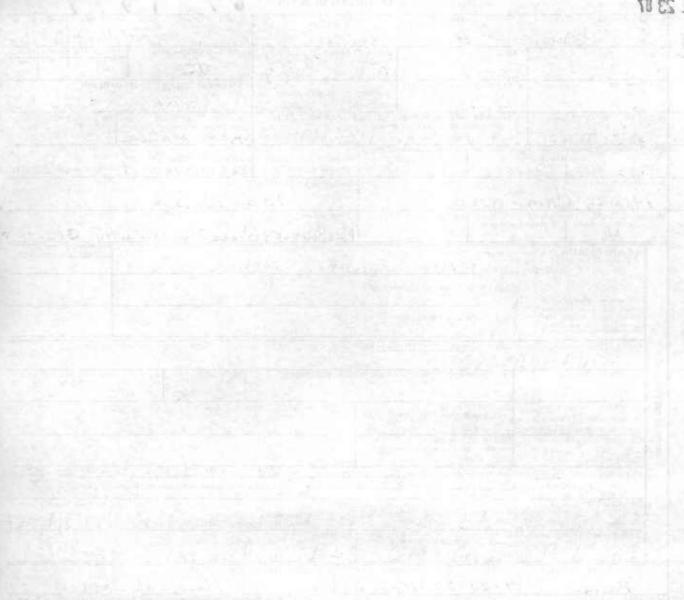
DHMH - 16 60M 7/84

BP.

(VRA 15, 4)

FOR

JOSEPH L. KUSS 2222 W. NORTH HULL



DEP

RETMENT OF HEALTH AND MENTAL I CERTIFICATE OF DEATH	YGIENE /	REG. NO.	9	1
			-	

		REGISTRAR		CEI	CHIFICALE OF	DEATH	REG. NO	0.	- /		
		CEASED NAME FIRST	Floyd MD	Elmer	LAST Kin	ø	20 DATE OF DEATH	MONTHY D	AY 30 EAR 81	Zb. HOUR	R
	(TYPE	ORPRINT) I	usd	141		0	/	7 /3	0/87	940	AM
	3. SE)		4. RACE Cauc		ATE OF BIRTH 6	/4/25 YEAR 25	6. AGE (IN YEARS LAST BIRT	HDG 2	IF UNDER I YEAR	IF UNDER 2	24 HRS MIN,
2		RTHPLACE (STATE OR FOREIGN TOUINTRY) MD S H	76 CITIZEN OF WH	TISA MA	ARRIED NEVER	MARRIED DIVORCED	Baltinore city o	more/	City		MD.
2		Baltimore Baltimore	LOCK R	SPITAL, NURSING HO ACILITY, GIVE STREET ADDRES SVEN V.	Å. Hosp		Army/ (120 USUAL OCCUPATION OF WORK FOR MOST OF	WORKING LIFE	126 KIND OI INDUSTRY M 2427		
1	13a S	MDMD -		BALTIMOR	P 13d. INSIDE		5159 Sta	ZIP CODE ford	Road	212	29
>	14 FA	THER'S NAME Elmer	MIDDLE	King	Rut	R'S MAIDEN NAM h ^{erst}	WE	D	eVore		
		VAS DECEASED EVER IN U.S., (ES, NO OF UNKNOWN) (IF YES,	GIVE WAR OR DATES!	319-14-6			oll King		as #1	3	
	NC	PART I. DEATH WAS CAU IMMED Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. PART 2. OTHER SIGNIFICAN	DUE TO, OR A DUE TO, OR A DUE TO, OR A	AS A CONSEQUENCE	of 100 Hea	d s We	PECK CZNCE		N IN PART 110		
1	CERTIFICATION	190 DATE OF OPERATION	196 CONDITIO	ON FOR WHICH OPER	ATION WAS PERF	ORMED	206 AUTOPSY?		WERE FINDIN		
7		216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE EITHER NOTIFY MEDICAL EXAMI			EAR 19	NJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PA	RT I OR PART 2)		
	MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF	INJURY T, FACTORY, OFFICE, FARM, ETI	211. LOCAT		CITY OR TO	٧N	COUNTY	51	LATE
124		220.1 certify that (1) (this has saw the deceased alive above, (1)(we) (did) (did	on_ 7/30	19 87	_, and that in (m)) (our) opinion d	to <u>?/30</u> death occurred on the do			hot () (w	,
		22b. SIGNATURE	- EJCJO	o, un	DEGREE		MEDICAL STAF DIRECTOR PHYSIC		7/30	181 181	?
		22d. PHYSICIAN'S NAME (TYPE)		2	CCM.		al, 225 Gre	ene St	., Balt	ME	>

MPORTANT: If Item 21 is marked or Item 18 shows any injury, or ather traumatic event, the

DHMH - 16 60M 7/84 (VRA 15, 4)

Burial 08-03-87 Rocky Gap V. Ro

Rocky Gap VA Cem.

Cumberland, Allegany, MD

D. BY REGISTRAR'S SIGNATURE SUBJECT CONTROL CO

pletely filled in by the funeral director, page 3 nd 2 should be filed within 72 hours after death

ng physician and co

TO FUNERAL DIRECTOR. After this certificate has been signed should be detached for use as the burial-transit permit. Then permit the State Dept. of Health and Mental Hygiene prior to buria

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

	STA	TE C)F M	ARYL	AND	
DEPARTMEN	TOF	HEA	LTH	AND	MENTAL	HYGIEN

DEP	AR	TMENT	OF	HEA	LTH	AND	MENTAL	
		CE	DTI	FIC	ATE	OF	DEATH	

101	KT.	REGISTRAR				CERTIF	ICATE OF DEATH	8 / REG. NO.	9 /	1 4	
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X			Henry				King	/	108	1 10:	AM
1"	3. SE	X		4. RACE		MONT	H DAY YEAR	6 AGE (IN YEARS LAST BIRTHDA		YEAR IF UNDER 2	MIN.
		Male				7	-20-1900	86	YRS		
\$	T. DECEASED NAME (TYPE OF PRINT) Henry King 3. SEX Henry Male White T-20-1900 86 WARRIED NEVER MARRIED NEVER MARRIE				н						
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1	13a. S	STATE			13c. CITY OR TOW	V					
ne ne					Baltimo	ore			er Blvd.	21214	
				WIDDLE	LAST					LAST	
9					166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRESS			
gedi			(* 125,01	t war or pares	216-01-2	2977	Mrs. Irma K	ing. Same as	13e		
t, the		18 CAUSE OF DEAT	H (Enter a	ly ane cause per	line far (a), (b), and	ten	0			PROXIMATE INTERV	/AL DEATH
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ony	CATE	190 DATE OF OPERA	TION	196. 20ND	ITION FOR WHICH	OPERATIO	WAS ERFORMED	Do AUTOPSY2 20	b. IF YES, WERE FI	NDING USED	de-
ows 7	TE								CERTIFYING CAL	NO [45
18 sh	E E		_	110110		Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	ITEM 18 PART I OR PAR	11 2)	
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o D	AEDI					ARM, ETC)		CITY OF TOWN	COUNT	ry St.	ATE
r orke	 	AT WORK AT WO	DRK DRK				10/01/00	01	1/81)	
E S					e deceased from	רע	1/11/ 1984	, to	10 1 19 0	, that (I) (w	e) last
n 21		obave, (I) (ver)	ed olive on (did no	t) view the body	alter death	•		death accurred an the date of			ted
T Fe D		226. SIGNATORE	- n	n	9		^	AMDICAL STAFF	226	DATE SIGNED	
ž —		Mbus		Made	w/		PHYSICIAN L			7/11/8	2
MPORTANT:		22d. PHYSICIAN'S N			8		22e ADDRESS				
W W				B. Brad]				ir Road, Balt	imore, M	d.	
		BURIAL, CREMATION	, REMOVAL				EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY		ATE
-	24 FI	Burial UNERAL DIRECTOR		7-13-	-87 H	oly R	edeemer Cemet	ery Baltimor E REC'D. BY REGISTRAR 25b.	e Mary	and	
M 7/84		514.44E	Ruole	Inc	ADDRESS	34.0	21214 JUL 1	3 1097			
7)			MUNICA	, 1110.	DOT PIMOL6	, Ma.	21214 446 .	10 1981 was Deviden Pandalls			

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(VRA 15, 4)

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STATE OF MARYLAND

JUL 3	b:	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HYG	IENE 7	1 9	112	
in V	I. DE	CEASED NAME	FIRST		MIDDLE	ı	AST	20 DATE OF DEATH	MONTH DA	YEAR 25 HO	UR
D.	(TYP)	OR PRINT)	JESSI	E LE	E	KI	NG		7 2	6 87	м
0	3 SE			4 RACE		5 DATE C		6 AGE (IN YEARS LAST BE		FUNDER I YEAR IF UNDE	R 24 HRS
D.		MALE		BLA	CK	3	12 20	67	YRS.	DATA HOURS	m IN.
E1		RTHPLACE (STATE OR F	OREIGN	Th CITIZEN OF	WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	_	OF DEATH	194
3/6	4	NC		US		WIDOWE	DIVORCED	BALTIMORE			MD.
9		TY OR TOWN OF DEA	TH	(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	128 USUAL OCCUPAT		126 KIND OF BUSIN	ESS OR
اللا		ALTIMORE			AIKEN ST			DISABLED			
and see	13a	AL RESIDENCE (IF NURS STATE MD	13b COUN	TY	13c. CITY OR TOW BALTIMO	N	13d INSIDE CITY LIMITS? YES \(\big NO \(\Big \)	13e STREET ADDRESS 2210 AIKEN	ZIP CODE STREE	T 21218	
exomine	14. F	JOSEPH		AIDOLE	KING		15 MOTHER'S MAIDEN NAM	WE		LEÂRY	
licol		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	IRITY NO.	17 INFORMANT	ADDR	ESS		
APE /		YES, NO OR UNKNOWN)	(IF TES, GIVE	WAR OR DATES	241-30-3	224	BONNIE KING	2813 GRANT	TLEY AV		
event, the		18. CAUSE OF DEAT PART I. DEATH W	'AS CAUSE	y ane cause per BY E C AUSE (o)	CARDIOPU		Y ARREST			SETWEEN ONSET AN	RVAL D DEATH
njury, or other troumotic	NO	Conditions, if ony, gove rise to imm cause (o), statin underlying cause	nediote og the last.	(b) DUE TO, O	R AS A CONSEQUE R AS A CONSEQUE ONTRIBUTING TO E	ENCE OF	BROVASCULAR ACC	IDEM INAL DISEASE OR COM	NDITION GIVE	N IN PART I 10	
ows ony	CERTIFICATION	190 DATE OF OPERA	TIÓN	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDINGS USE ING CAUSES OF DEA	TH?
18 sh		21g. ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER NOTIFY MEDI	CAUSE OF DEA			AY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	URY IN ITEM TS PAI	RT 1 OR PART 2)	
rked or it	MEDICAL	21d INJURY OCCUR			OF INJURY REET, FACTORY OFFICE, F	ARM ETC)	211 LOCATION STREET	CHYORT	OWN	COUNTY	STATE
If Item 21 is ma		220.1 certify that (I) sow the decease abave, (I) we) (c		que I		37	nd that in (my) (aur) opinion of the desired opinion o	MEDICAL STA	date and haur	9 5 , that (1) and from the causes s	tated
MPORTANT		22d. PHYSICIAN'S NA	BAR	RYKI	RAYBURA	M) // K	JOHNS NO	PKINS HOS		1 70018	1
K.		BURIAL, CREMATION, (SPECIFY) BUR		23b. DATE			CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	MITTE	COUNTY	STATEMD
	24 F	UNERAL DIRECTOR	171	7/31	1/8/	JAKKI	SON FOREST	OWINGS E REC'D. BY REGISTRAL			FID
OM 7/84		OLD BASE	RCH F	/H 110	1 F. NORT	H AVE		UL 3 0 1987	1	A A	dash)

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0 1	9 1 6 AUG	-7	RATISTRAR CENSED NAME	FIRST	1112	WIDDLE	WIIVER 3	LAST	AILOIG	Zo. DATE KNO	G. NOT	DAY YEAR	26 HOUR
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	SESEC	3. SE:		helma_	S. DATE OF BIRTH	Caldonia		King	IF UNDER 24 H	RS. 2c. DATE	MONTH	L6 1987	2d HOUF
	五分子子	5.50			MONTH DAY			THS DAYS	HOURS MIN	PRONOUNCED			9:20
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	95589		Baltimore			Lombard S						210	
102	ANY DANY DANY DANY DANY DANY DANY DANY D		AL RESIDENCE (IF IN N	13b. COUNT		13c, CITY OR TO		13d. INSIDE CIT	TY LIMITS? 13e	STREET ADDRESS		dido	23
. 21201	A A M D M		MD.			BALTI	MORE	YES	NO D	136 W. L	ombard	St.	
Se de	Z CONST	14. F.	ATHER'S NAME		MIDDLE	LAST		15. MOTHER	R'S MAIDEN N	MIDDLE		LAST	
Ä,	AN AND AND AND AND AND AND AND AND AND A		UN	KNOWN					UNKNOW	N			
DIVISION OF VITAL RECORDS, 201 W, PRESTON ST., BALTIMORE, MD.	SS ON S	160.	WAS DECEASED EVE	R IN U.S. ARA	AED FORCES?	16b SOCIAL SE	CURITY NO.	17. INFORM	ANT	AD	DRESS		
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0	ULD BE F. WENDING MEDICAL MEDI	N N	2 3 1										
8	J. L. AAAAA	CERTIFICATION	190. DATE OF OPER	RATION	196 COND	ITION FOR WHICH	OPERATION '	WAS PERFORM	AED?			20 AUTOPSY	?
IA	ERTIFICATE SHOULD TING THE WORD "PE FED TO THE CHIEF A 3 SHOULD BE USED. PEPRIMENT OF HE PRIOR TO BURIAL,	E S	0.11									YESX	NO 🗆
> 7	ATE S F WC THE THE O TO BU	1 8	210 EXTERNAL CA		216. TIME O		21c. 1	HOW INJURY	OCCURRED (EN	TER NATURE OF INJURY IN	ITEM 18 PART 1 OR PAI		
2	PATA STAN		UNDERLYING CONTRIBUTING	OR CAUSE OF D		A. MONTH DAY	YEAR						
ISIC	SH SH	MEDICAL	714 INITIPY OCCU	PPED	21e PLACE	OF INJURY (AT HO		OCATION			Addition to	-	
2	SERSE	E	WHILE NO	T WHILE	STREET, FAC	CTORY, FARM, ETC.)		STREET		CITY OR TOWN	COL	UNTY	STATE
	PA STA					1		[T]					
	EXAMINER: CERTIFICATE ULD BE FOR UNITH THE S WARYLAND,		22a. I certify tha	1 1	1 1	scribed above, held		1	Inspection	Inquiry [_].	ond in my ap	oinian	
	MER RES		death resulted f-a	n Nation	L'éause 🔏,	Acceptent	Suicide L	, Homici	de 🔲 . Ui	ndetermined manner	<u>.</u> .		
	EXA CER WAR		ACTUAL /	Ilel	1 1	1111		TITLE (SP			DATE	- 4 6	
	ZHE SEE	1/	SIGNATURE	you	1	1100		M.D. ASSI	stant_	MEDICAL EXAMINER	SIGNE	7-17-8	3 /
	AND	1	EXAMINER'S NAM	E C	harlan B	Volton	M D	1	11 Dony	Ctroot	D-1+0	MD 2120)1
	TO MEDICAL EXAMIN EXECUTE THE CERTIFIC PAGE 4 SHOULD BE F TO FUNERAL DIRECTO AFTER DEATH, WITH THE BALTJMORE, MARYLAI	-	(TYPE OR PRINT)			. Kokes,				Street,	ballo.,	ארא מוא	17
		(URIAL, CREMATION,					OR CREMATO		LOCATION CITY OR TOWN	cour	NTY A S	TATE
07/B4 25M	BP 702		remation	20	7/29/87	Westv	tew Cre	matory		Catonsvil	A STATE OF THE PARTY OF THE PAR	the C. Kandle	44
23IV\	DHMH - 17		UNERAL DIRECTOR	(Post)	14 8 sobits	3 Luster	Peri	. 1		5 1987 Z	MEGISTRAR'S S	JG MAJUREA -	
	(VR A15 ME (5))	0	charles.A.	Rice 1	FSPA 1300	Eutaw P	lgi			007-0			

87 19777

DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME MIDDLE 2a. DATE OF DEATH 7h HOUR LITYPE OR PRINTI Viola E. King KINI 4 RACE 3 SEX 5. DATE OF BIRTH 6. AGE IN YEARS LAST BIRTHDAY IF UNDER 1 YEAR MONTH DAY YEAR 10/30/13 73 TO BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED XX NEVER MARRIED Balto. City USA Md. WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 17b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Baltimore Ret./Bookkeeper AGnes Hospital WOULD RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION 130. STATE 136 CITY OR TOWN 136 COUNTY 13e.STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? 1710 Letitia Ave. Md Balto YES X NO [14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Louis Hofheinz Beaker Margaret ADDRESS 17 INFORMANT 1710 Letitia Ave. Balto. Md. 21230 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO IYES, NO OR UNKNOWN) 212-09-9221 Mr. Lenwood King no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),1
PART I. DEATH WAS CAUSED BY: EDEMA PULMON ANT CONGESTION 1)451 IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF PONTINE POSTERIOR CERERALAR MATERIAL MISHERMA Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to <u>N</u> CARDIO VASCULAR DUENE HY1ER TENJIUE 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES 3 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION CITY OF TOWN COUNTY AT HOME STREET, FACTORY, OFFICE, FARM, ETC 1 WHILE NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive are 2/17 above, (I) (we) (did) (drd nat) view the bady after death and that in (pm) (aur) apinion death occurred an the date and hour and from the causes stated 22h. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF MMI PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 23¢ NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION, REMOVAL 23b. DATE 23d LOCATION CITY OR TOWN Burial July 21,1987 Lakeview Cem. Randallstown 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE G. Truman Schwab 5151 Balto. National Pike

Balto. Md. 21229

DHMH - 16 60M 7/84 (VRA 15, 4)

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ild See de the Stut MPORTANT CLICH IS with the same Victa C ran 1770 Paritie Ave. +alto. Me. 21230 manage Life Europe willy 25, 1987 Manerica Just, and Lambital offer Park descent agency of

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DHMH - 16 60M 7/B4 (VRA 15, 4)

IMPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other troumotic event, the

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1	87	FOR STATE REGISTRAR		DEP		HEALTH AND MENTAL HYO	GIENE 8 REG. NO		9 /	7	8
		CEASED NAME FIRST		MIDDLE	DOM:	LAST	2a DATE OF DEATH	MONTH DA	Y YEAR	26 HOU	R
	() Arec	Car	olina			Kinsey		July 1	7,1987		M
	3 SEX		4 RACE			OF BIRTH	6. AGE IN YEARS LAST BIRT		UNDER I YEAR	IF UNDER	24 HRS MIN.
		Female	White	Э	Nov	ember 3 1898	88	YRS	DATS	HOGHS	MUN.
7	-	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUN	MARR	ED NEVER MARRIED	BALTIMORE CITY O	_		3	
		Lithuania	Lithua		WIDOV	VEDXX DIVORCED	Baltimo		У		MD
-		TY OR TOWN OF DEATH	UF NOT IN SUC	HEACILITY, GIVE	STREET APPRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPATION		12b. KIND O INDUSTRY	FBUSINE	SSOR
_		altimore	3621 Fa	airhav	en Aven		Seamstress		Clot	ning	
6	13a. S	AL RESIDENCE (IF NURSING HOME OF ATTATE 134 COURT TO THE ATTYLAND		Balti	RTOWN	134 INSIDE CITY LIMITS?	3621 Fair		Avenue	212	226
	14. FA	THER'S NAME	MIDDLE	LAS	5.7	15. MOTHER'S MAIDEN NA	ME MIDDLE		LAS		
)		FIRST	MIDDLE		hapo	=====				====	=
		VAS DECEASED EVER IN U.S. AR	MED FORCES?		SECURITY NO.	17 INFORMANT	ADDRE	SS			
	(,	(IF YES, GI	AE MAK OK DATES)	215-0	3-0029	Ruth Joyce	Same as 1	L3e			
		18 CAUSE OF DEATH (Enter or	nly one couse per	Ine for 101, (ondic /	1 -	0.11.		BETWEEN	MATE INTER	VAL DEATH
		PART I. DEATH WAS CAUSE IMMEDIA	TE CAUSE (0)	Hew.	te C	ar diae	Jea + M				
			DUE TO, O	PAS A GONS	SEQUENCE OF	1 - (1 - 1/2	- 1	D		0
		Conditions, if any, which gave rise to immediate	(b)_	Hrte	1.059	lovo tec la	es tho vas	Cu lær	de	ecs.	e
		couse (a), stating the underlying cause last.	DUE TO, O	R AS A CONS	SEQUENCE OF				1		•
	Z	PART 2. OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING	G TO DEATH BU	IT NOT RELATED TO THE TERM	AINAL DISEASE OR CONE	DITION GIVEN	N IN PART 110		
	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR W	VHICH OPERATI	ON WAS PERFORMED	20a AUTOPSY?	20b IF YES, Y	WERE FINDIN	IGS USED	5
4	IFIC						YES NOT	IN CERTIFY!	NG CAUSES	OF DEAT	
5	CERI	210 ACCIDENT WAS UNDERLYING				21c HOW INJURY OCCUR					-
7		OR CONTRIBUTING CAUSE OF DE	AIN		H DAY YEAR						
	MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY		211 LOCATION	CITY OR TO	ar Bil	COUNTY		TATE
	\$	AT WORK NOT WHILE AT WORK	(AT HOME STE	REET, FACTORY, O	OFFICE FARM, ETC.)	SIRCE	CIIIONIO	- / .	OH		1216
		22a I certify that 1) (this heap			from	19 7	3 to 17-00	19	0+	that (=	lost
		sow the deceased alive or above, (1) (we) (did) (did no	t) view the hody		19/8/	and that in (my) (our) opinion	death occurred on the do	ite and hour o	and from the	couses sta	ited
		226 SIGNATURE	- 0	61	11	DEGREE ATTENDING	MEDICAL STAF	F	22c DATE	SIGNED	
		22d PHYSICIAN'S NAME (TYPE	OR PRINT)	-	1-	PHYSICIAN [DIRECTOR PHYSIC	IAN .	1	- 15	
		11. 15	1.	1		1310		Λ			
		ICCHART (-115	nov		4110 100	nayton	110	2		
		URIAL, CREMATION, REMOVAL SPECIFY Burial	23b. DATE 7/21/	187		CEMETERY OR CREMATORY Cross Cemetery	n'ny for	re	COUAIY.A.	.51	Md

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		The same of the sa	
	CONSTRUCTION OF		

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oletely filled in by the funeral director, page 3 d should be filed within 72 hours ofter death

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

0	-7	- 1
8	1	- 1
	REG. NO.	- 1

	-		50-0	
	9	1		
10		•		

	-17	REGISTRAR	MARIE N	1. KIRKL	EY	CERTIF	ICATE OF DEATH	REG. NO			•
		CEASED NAME	FIRST		MIDDLE	. 4	AST 11	20 DATE OF DEATH	MONTH / DAY / Y	EAB / 2h HOUR	2
	(1106	OK PRINT)	MAR	ie ,	MARY	K	IRKLEJ		778	7 042	15 M
	3. SEX	x		4. RACE		5. DATE C		6 AGE (IN YEARS LAST BIR		VEAR HUNDER 2	AIN.
		7	emale	E	lack		23,1895	92	ras .	DATS MOOKS	MIN.
1		RTHPLACE (STA	TE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 AAABBUG	D NEVER MARRIED	9. BALTIMORE CIT TO	K COUNTY OF DEA	тн	
1		uth Car	olina	U:	SA	WIDOWE		BALT	o cit	4	MD.
1	10. CI	TY OR TOWN O	F DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPATE		IND OF BUSINES	SSOR
)		BALTI	MORE	ST	AGNES		spital	Housewif		ome	
1		AL RESIDENCE I	F NURSING HOME OR		GIVE RESIDENCE BEFORE		113d INSIDE CITY LIMITS?	13e STREET ADDRESS			
-		ryland	Howa		Columbia		YES NO X		erus Driv	e 21044	4
	14 FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NAM			LAST	
			nsaw	MIDDLE	Vincen	t	Emma	MIODIE		Kenlaw _	
		VAS DECEASED	EVER IN U.S. AR		166 SOCIAL SECU		17 INFORMANT	ADDRE		NC.ICION	
9	No	YES, NO OR UNKNOW	IN YES, GIV	E WAR OR DATES)	045-07-4	562	Mrs. Marian	_JGraves	5406 Hesp	erus Pri	iye
		Conditions, if gove rise to couse (a), underlying	any, which immediate stating the	DUE TO, O	FENLE P R AS A CONSEQUE R AS A CONSEQUE	182	· Edema				
	NOI	PART 2 OTHER	SIGNIFICANT		ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CON	DITION GIVEN IN PA	ART No	
1	CERTIFICATION	190 DATE OF OI	PERATION	19b. COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTÓPSY? YES NO	20b. IF YES, WERE F IN CERTIFYING CA YES [
1			AS UNDERLYING C G CAUSE OF DEA Y MEDICAL EXAMINER	AIPI	M. MONTH DA	AY YEAR	216 HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART 1 OR PA	ART 2)	
-	MEDICAL	21d. INJURY OC	CURRED	21e PLACE	OF INJURY REET FACTORY, OFFICE, F	ARM, ETC }	211 LOCATION STREET	CITY OR TO	OWN COUN	alla SI	ATE
		saw the de	ot (I) (this hospi eceased alive on we) (did) (did no	7/7	e deceased from_ 19_6 after death	7/2	nd that in (my) (our) apinion a	death occurred on the de	pte and hour and fro	2 that [1) (w im the causes stat	-,
		22b. SIGNATUR	MA	100			DEGREE ATTENDING PHYSICIAN	MEDICAL STAI DIRECTOR PHYSIC	FF -	7/7/8	7
		22d PHYSICIA	NIT		AYUR		Paltimore	AGNES	HU3 P17	-AL	

DHMH - 16 60M 7/84 (VRA 15, 4)

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MPORTANT: If Item 21 is marked at Item 18 shaws any injury, at other traumatic event, th IO FUNERAL DIRECTOR. After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove corbandape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

230 BURIAL, CREMATION, REMOVAL Burial 7/10/87 ²⁴ FUNERAL DIRECTOR Leroy^{ME}M. & Russell C. Witzke ^AFuneral Homes P.A. 5555 Twin Knolls Road Columbia, Maryland 21045

23b DATE

231 NAME OF CEMETERY OR CREMATORY Hamden Plains

23d LOCATION CITY OR TOWN Hamden

Connecticut

D. BY REGISTRAR JUL 9

SURFOISTRADESIGN

AND S 1987 July July College

DEPARTMENT	OF HEALTH	AND MENTAL	HYGIENE
CE	RTIFICATE	OF DEATH	

NTAL HYG ATH	Savai	/ REG. N	10	9	1	8
	20 DATE	OF DEATH	MONTH	DAY	YEAR	26 HO

4	DIREASEDMANE	FIRST		MIDDLE		LAST		20 DATE OF DEAT	H MONTH	DAY YEAR	26 HOUR
n	T	relma	Elec	anor	Kirs	schke		d	uly à	4, 198	7 8,40
7 1	SEX A		4. RACE		5. DATE (DF BIRTH	YEAR	6 AGE (IN YEARS LA!	ST BIRTHDAY)	MONTHS DAYS	
1	+emale	ATE OR FOREIGN		MHAT COUNTRY	2 8	- 7-	09	9 BALTIMORE CIT	YRS YRS	Y OF DEATH	
5	Macyla.	1	Maided	States	MARRIE	D NEVER MA	ARRIED -	Balti	MACE	city	,
10	CITY OR TOWN			HOSPITAL, NURSI	NG HOME			12a USUAL OCCU			OF BUSINESS C
1	Baltimo	se!	Frederi	ck Villa	Nuc	sing Cen	ter	house	vife	***	
	SUAL RESIDENCE	13b COU		13c. CITY OR TO		134 INSIDE CIT	4.4	13 STREET ADDRE	SS / ZIP COD	E of	404
1	PATHER'S NAME	Pali	anore	Tows	00	YES NOTHER'S	MAIDEN NAM	44 Acor	n Circl	e apr	201
15	Carroll	K.	MIDDLE	Vaux	11		RST CL	F Linz	heth	Noi	iman a
10	a WAS DECEASED		MED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMAN	it Y	A	DDRESS BE	alta.M	Id .
	no	(11 123, 31	TE WAR OR DATES	212-20	-186	Floren	Ce Coo	Ke 814 M	locking	bird L	ane 21.
Γ	18 CAUSE OF	DEATH (Enter of	nly one couse per	line for (a), (b), a	nd (c·.)	Pare A	0-11	atta 1	2		OXIMATE INTERVAL IN ONSET AND DEAT
١		IMMEDIA	TE CAUSE (0)		-	Christian	me M	ar ran	ane .	, 14	incal
	Conditions	6 bb	DUE TO, O	R AS A CONSEQU	UENCE OF	Jacox	Part.	Howst	DISMED	·	igans
	gove rise	f ony, which o immediate stating the	(b)	DAS A CONSTO	UENCE OF	ve ag-c	- Committee	C V - CO J		11	34.0
1		couse lost	(c)	R AS A CONSEO	DENCE OF					V	
		RSIGNIFICANT	COMPITIONS C	ONTRIBUTING TO	DENTH BU	T NOT RELATED T	O THE TERMI	NAL DISEASE OR C	CONDITION G	VEN IN PART	110
4	I 19a DATE OF	DEBATION	TION CONIC	ITION FOR WHIC	100 CORERATION	SUCCIS	19	20a AUTOPSY?	Table 16 At	S, WERE FINE	DINGSTISED
	19a DATE OF	PERATION	196 COND	IIION FOR WHIC	TI OPERATIO	JN WAS PERFOR	MED	YES T NO!	IN CERT		ES OF DEATH?
1	21a. ACCIDENT	VAS UNDERLYING	216. TIME C			21c HOW INJU	URY OCCURR	ED (ENTER NATURE OF			
1	OR CONTRIBUTION	IG CAUSE OF DE IFY MEDICAL EXAMINE	AIR	.M. MONTH I .M.	DAY YEAR						
1	(IF EITHER NOT			OF INJURY REET, FACTORY, OFFICE	, FARM, ETC }	211. LOCATION	7	CITY	OR TOWN	COUNTY	STATE
	AT WORK	NOT WHILE AT WORK				1111	87	7/	57	2	,
		hot (1) (this hosp deceased alive or	~7	deceased from	87	and that in (my) (e	, 19 0	, Io	he date and ha	. 19_0	he causes stated
I	obove, (1	(pe) (did ni	ot) view the body			DEGREE					TE SIGNED ,
ı	5	ames	A no	Par	h	AT	TENDING HYSICIAN	MEDICAL DIRECTOR PH	STAFF YSICIAN [-	1/21/8-
1	224 PHYSICIA	N'S NAME ITHE	of of a			22e ADDRESS	111	11000	0 17	22/2	1
		NOLA.	X			1 Ma	Kow	Ital Ke	x / >a	A THE	ハフノンタ
2	30. BURIAL, CREMA	TION, REMOVAL	236. DATE	4000		CEMETERY OR CE		Ba. I to	Z	COUNTY	STATE
	1) U.	- L Ci L	11/67/	1987 1	ODITO	n Danle	Count	I Balto	Mart	and	

DHMH - 16 60M 7/84 (VRA 15, 4)

- STATE

24 FUNERAL DIRECTOR

MD.

25a DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

Loudon Home, 1

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JUL 23 1987 C. C. C. C. C. C.

programme and

1	000 PM		FOR STATE REGISTRAR		DEPARTI	MENT OF H	E OF MARYL EALTH AND ICATE OF I	MENTAL HYG	IENE 8 / REG. N	10.	7	8
60239	JUL 2		ASED NAME FILL CHARLES	est of the	MIOOLE	10	WAN		20. DATE OF DEATH		LY YEAR	26 HOUR
oge deo		0.000			0	1011-			July 19,		FUNDER I YEAR	3:05 A
4 mi		3. SE)		4. RACE	-	S DATE (YE AR	AGE (INTERNSTASTO		ONTHS DAYS	HOURS MIN.
age rect		1		W		10	16	05		81/RS		
2 ho 2 ho	2 1		OUNTRY)	SN 76 CITIZE	N OF WHAT COUNTRY?	MARRIE	D NEVER	MARRIED -	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
deot deot	6		MD.		.S.	WIDOWE	D D	VORCED [BALTIM	- B - B - B - B - B - B - B - B - B - B	ITY	MD.
he fu	P P	18 CI	TY OR TOWN OF DEATH		AE OF HOSPITAL, NURSIN IT IN SUCH FACILITY, GIVE STREET		OR OTHER INS	TITUTION	120 USUAL OCCUPAT			OF BUSINESS OR
5 of	3	F	BALTO.		HURCH HOSP							
D 212 4 hour ed in Id be f	must b		L RESIDENCE (IF NURSING)			AOMISSION)	13d. INSIDE C	ITY LIMITS?	13e.STREET ADDRESS	/ ZIP CODE		00000
AND 124	1		MD.		BALTO		YES 🔯	NO 🗆				
MARYLA d within npletely and 2 sh	ZEOC	14 FA	THER'S NAME FIRST	MIDDLE	IAST		15. MOTHER	S MAIDEN NAI	WE		IAS	st .
cute con con s l o	0	16a V	AS DECEASED EVER IN U	J.S. ARMED FOR	CES? 166 SOCIAL SECU	IRITY NO.	17. INFORMA	ANT	ADDR	RESS		
WO exe	medico	()		YES, GIVE WAR OR D	113-03	774	CUI	IDCU U	OSPITAL			
e be	the r	H	NO.	ater aply one co.	use per line for (o), (b), or						APPROX	MATE INTERVAL ONSET AND DEATH
Ficer shys	ent.		PART I. DE ATH WAS	CAUSED BY.	O. diarro	gratary	Cardi	prespi	ratory Ar	rest	BETWEEN	DINSET AND DEATH
Z Z Z	- 3		IMA	AEDIATE CAUSE	(0)	1	7.1001					
of the state of th	0 10		Canadiana is		TO, OR AS A CONSEQU	ENCE OF						
A 101	5 5		Conditions, if ony, who gove rise to immedi	ote	(b)							
W # ##	5 4		couse (a), stating underlying couse I	the DUE	TO, OR AS A CONSEQU	ENCE OF						
101 the best best best best best best best bes	lo o			_ ((c)							
DS, 2	1	Z	PART 2 OTHER SIGNIFIC	ANT CONDITIO	ONS CONTRIBUTING TO	DEATH BUT	NOTRELATED	TO THE TERM	INAL DISEASE OR COM	NDITION GIVE	N IN PART 1:	0
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING. PHYSICIAN. The low-requires that the death certificate be executed within 24 hours categories physician. It is the certificate for the strength of the attending physician and completely filled in by the this certificate for the strength of the attending physician and completely filled in by the build status.	D	TIFICATION	190 DATE OF OPERATION	196	CONDITION FOR WHICH	OPERATIO	N WAS PERFO	DRMED	200 AUTOPSY?		WERE FINDII	
Physics physics of theore	S E	AL CERTIFI	210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	E OF DEATH HO	TIME OF INJURY UR A.M. MONTH D		21¢ HOW IN	JURY OCCURI	RED (ENTER NATURE OF INJ	URY IN ITEM 18 PA	RT I OR PART 2)	
No.	1 1	MEDICAL	(IF EITHER NOTIFY MEDICAL E		P.M. PLACE OF INJURY	19	211 LOCATE	ON				
NISIO	rkedo	ME	WHILE AT WORK AT WORK	/ATH	OME, STREET, FACTORY, OFFICE,	ARM ETC)	STREE		CITY OR T	OWN	COUNTY	STATE
D A A	and		220.1 certify that (I) (thi	s hospital) atten	ded the deceosed from.			_, 19	, to	, 1	9	that (It (we) lost
E 0 0 0	21.0		sow the deceased a obove, (h/we) (did)	live on	19_	0	nd that in (my)	(our) opinion	death occurred on the	date and hour	ond from the	couses stated

TO FUNERAL DIRECTORING SHOULD BE STORE DEPT.

DHMH - 16 60M 7/B4 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL 236 DATE 7-19-87 REMOVAL

23c. NAME OF CEMETERY OR CREMATORY

DEGREE

22e ADDRESS

mn

ATTENDING PHYSICIAN

23d. LOC ATION

100 N Broadway (Church Home Hospital

MEDICAL STAFF
DIRECTOR PHYSICIAN

COUNTY

22c. DATE SIGNED

7/19/87

STATE

24 FUNERAL DIRECTOR STATE ANATOMY BOARD

Zachary I. Hodes MD

a way i was the

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	

DEPARTMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE	REG. I	10.	9	
LAST	20. DATE C	F DE ATH	MONTH	DAY	YE.

			ZIAI	UF MAKTLAND			
6 6 9 3 AUG -	5 87TATE			EALTH AND MENTAL HYG	8 7	19	182
	I. DECEASED NAME	FIRST MIDDLE		AST	REG. NO		YEAR 26 HOUR
nay be poge 3 or death	TYPE OR PRINT)	Joseph	L Kisi	elewski		7/18/8	1.30
	3. SEX	4. RACE	S. DATE C		6 AGE IN YEARS LAST BIRT	HD Y) IF UNDER	1 YEAR IF UNDER 24 HRS
	Male	Caucasian	June	4, 1921 YEAR	66	YRS.	DATS HOURS MIN.
h. Poge 2 hours	70. BIRTHPLACE (STATE OR FO		COUNTRY? 8 MARRIE	NEVER MARRIED	9 BALTIMORE CITY OF		тн
deat deat	Massachusetts		WIDOWE		Baltimo		MD.
by the filled with	10. CITY OR TOWN OF DEAT Baltimore Cit	y The Union	y, GIVE STREET ADDRESS). Memorial	Hospital	120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF Inspector	WORKING LIFE) INDU	IND OF BUSINESS OR JSTRY overnment
ly filled in spould be f	USUAL RESIDENCE (IF NURSIN 130 STATE Maryland		TY OR TOWN	13d. INSIDE CITY LIMITS?	3501 St. Pa	ZIP CODE aul St.	21218
a company	14 FATHER'S NAME FIRST Peter	MIDDLE	LAST Oweki	15. MOTHER'S MAIDEN NA FIRST Frances		-	olodyna
0 -	16a WAS DECEASED EVER IN	U.S. ARMED FORCES? 166, SC	OCIAL SECURITY NO.	17 INFORMANT (SI	ster) 32RE	Oxford Av	
s. Poge	Yes	WW II 01	3-14-3531	Esther Bogat	kowski Dud	lev. Mass	01570
aper aper vol.	18 CAUSE OF DEATH PART I, DEATH WA	(Enter only one couse per line for		_		- 8E T	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
g ph on p		MMEDIATE CAUSE (0)	sp; ratery	tailure.			
affic days		DUE TO, OR AS A	CONSEQUENCE OF				
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	gove rise to imme	the DUE TO, OR AS A	CONSEQUENCE OF			N S	
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The sign	2 High	fever					
priori	190 DATE OF OPERATE	ON 196. CONDITION F	OR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE F	
K S S S S S S S S S S S S S S S S S S S	18/h	Colo-	e cancer		YES NOT	YES	AUSES OF DEATH?
ertificate tiol-tronsit mtol Hygie	HI GALLING OR CONTRIBUTING CA		RY ONTH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	IN ITEM 18 PART TORP	ART 2)
5 0 7 0 7	(IF EITHER NOTIFY MEDICA 21d INJURY OCCURRE		19	21f. LOCATION			
After this e os the bu alth and M marked or	WHILE NOT WHILE AT WORK	LAT HOME STREET FACT	ORY, OFFICE, FARM ETC.)	STREET	CITY OR TOW	VN COUN	NTY STATE
	220.1 certify that	his haspital attended the decea	sed from7/	9 19 8	7/18	19 8	that (I) (we) last
TOR. of He	sow the deceases	polive on	19.87,01	nd that in (my) (our) opinion	deoth accurred on the da	te and hour and fro	om the couses stated
DIRECT ached f Dept. o	226. SIGNATURE	ay ard nor view the dody offer de		DEGREE		226.	DATE SIGNED
T F	Corner	1. Stan	ma.	ATTENDING PHYSICIAN	MEDICAL STAF		7/18/27
FUNERAL Jid be det the State	22d. PHYSICIAN'S NAM	AE (TYPE OR PRINT)	.,,,,,	22e ADDRESS	J DIRECTOR [] PHISICI	A	410/01
	Cornelia	us Stamp, M.D.		The Union Me	emorial Hosp	ital	
Sho Sho	23a BURIAL, CREMATION, R		23¢ NAME OF C	EMETERY OR CREMATORY	23d LOCATION		
P	(SPECIFY) Burial	July 21, 1	1987 St. J	oseph Cemeter	y Webste	r, Mass	STATE
MH - 16 60M 7/84	24 FUNERAL DIRECTOR				E REC'D. BY REGISTRAR	Sh REGISTRAR'S SI	IGNATURE
(VRA 15, 4)	Capitol Fune	eral Service, Fa	alls Church	, Virginia	L 27 1987	Alin Devide	on Randace

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	1-	FOR STATE REGISTRAR	DEPART	MENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 7 REG. NO.	9 /	8 3
		CEASED NAME FIRST LOW	115 E.	K	LEIN	20 DATE OF DEATH MONTH	DAY : YEAR 16-87	25 HOUR 3:50 A M
4	431	MAVE	CAMPASIAN	5. DATE O		6 AGE (IN YEARS LAST BIRTHDAY) YRS	MONTHS DAYS	
1	n	RTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	WIDOWE	DIVORCED	BANTIMORE CITY OR COUN	RE CIT	Y MD.
2	1	3AMIMSPE	11. NAME OF HOSPITAL, NURSI UF NOT IN SUCH FACILITY, GIVE STREE EVINTAVE HOSPITAN	GORLAT	OR OTHER INSTITUTION -	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING MERCHANT		PESALESSOR IG SUPPLIE
		AL RESIDENCE (IF NURSING HOMESTATE 136 CC	NE OR OTHER INSTITUTION GIVE RESIDENCE BEFOR OUNTY 130 CITY OR TON BANTON	VN	13d. INSIDE CITY LIMITS? YES X NO	13. STREET ADDRESS & ZIP CO	or AKW	back A
	14 FA	TOBIAS	MIDDLE LAST KLEIN		15 MOTHER'S MAIDEN NAME FIRST FATO	MIDDLE	UNKNO	ST NWN
		18 CAUSE OF DEATH (Enter PART I, DEATH WAS CAI	s, GIVE WAR OR DATES] 220-24	685 G	3200 LIGHT	· FLORENCERSMITH FOOT DR. BALTY	D., MD	21208
200		Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQU	JENCE OF				
	NOI	METASTAT	NT CONDITIONS CONTRIBUTING TO		NOT RELATED TO THE TERM	IINAL DISEASE OR CONDITION O	GIVEN IN PART 1	10
2	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATIO	ON WAS PERFORMED	IN CER	YES, WERE FINDI TIFYING CAUSE YES []	
3	-	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFETHER NOTIFY MEDICAL EXAM	FDEATH HOUR A.M. MONTH	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM)	B PART I OR PART 2}	
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	210 PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	FARM ETC }	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
		sow the deceased alive	ospital) attended the deceased from.	07 /	nd that in (au-(our) opinion	death accurred on the date and h	our and from the	that ((we) last couses stated

DEGREE 220. DATE SIGNED MEDICAL STAFF

BURIAL JULY 17,1987

TIFERETH ISRAEL ANSHE

SFARD ROSEDALE BALTO.

LEVINSON & BROS., INC. 24 FUNERAL DIRECTOR 6010 REISTERSTOWN RD. BALTO DDRESSMD 21215

REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

should be detached for use as TO FUNERAL DIRECTOR.

TO HOSPITAL OR

MPORTANT: If them 21 is

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STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	

2		STATE OF MARYLAND
060166 JUL	21 87 GISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH
e # # P	I. DECEASED NAME 195	MICIS IS KLUNK 7/12/87 80 M
e 4 may	1. SEX MAP	1. RACE S. DATE OF BRTHOS SAME SAME INTERNAL SAME INVIDENTIAL SAME IN UNDER 1 VENE IN UNDER 1 VENE INCLUSION MINE.
deoth. Pog	MATHRIACE ISSUE OF FOREGO	76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 1 BALTHMORE CITY OR COUNTY OF DEATH
offer de	IN ONY OR JOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 128. USUAL OCCUPATION 128. KIND OF BUSINESS OR THE OF WORK FOR MOSE OF WORKING LIFE INDUSTRY
40 2120	DSUAC RESIDENCE IN NUMBERO HO	TOUNTY 134 STREET ADDRESS / ZIP CODE VES D NO D 17.0 3 7 7 10 10 10 10 10 10 10 10 10 10 10 10 10
Lakytar Letely Mo 2 sh	IN FATHER'S NAME	MEDIE TO LAST STATE TO THE PERSON NAME PRODUCE PROTECTION OF THE PERSON
BALTIMORE, A	160 WAS DECEASED EVER IN U.S. NO OR UNKNOWN)	S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT AGORESS ES GIVE WAR OR DATES! WAS - 24-2076 Settle Leabetter 1723 Holling St.
or, BALT	PART I DEATH WAS CA	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
w. PRESTON S hot the death ca by the attending se remove cort cemolion, or in	Conditions, if any, whice gove rise to immediate cause (a), stating the underlying cause los	DUE TO, OR AS A CONSEQUENCE OF (b) ACUTA 140CANOISE 14/DAM DUE TO, OR AS A CONSEQUENCE OF
nes y. c		ANT CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Tra
AL RECORDS he law requi con. has been sig it permit. Thei tene prior to be ows any injur	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYIN	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? YES NO YES NO YES NO NO
VISION OF VITAL 3 PHYSICIAN: The witending physicio er this certificate h the buriol-transit and Mental Hygie ked or item 18 sho		OF DEATH HOUR A.M. MONTH DAY YEAR
DIVISION OF DING PHYSICIA or ottending pl se as the burial-t solls and Methal marked or term	THE STATE OF CONTRIBUTING CAUSE OF CONTRIBUTING TO CAUSE OF CONTRIBUTING TO CONTRIBUTE OF CONTRIBUTING TO CONTRIBUTE OF CONTRIBUTING TO CONTRI	216 PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, EARM, ETC.) 218 LOCATION STREET CITY OR TOWN COUNTY STATE
TTENDI prital or TTENDI TOR: A for use of Heal	saw the deceased alm	hourtol) ottended the deceased fram 19 to 19 that (we) lost we an 19 that in (my) (9 topinian death accurred an the date and hour and fram the couses stated indinative the body after death.
toche be Dep	276 NGMATURE	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 7
HOSPII ned b FUNE lid be of the S	JOHN	SHAVANS SISCAMP THANK OR TO
BP.	230 BORIAL CREMATION, REMO	
DHMH - 16 60M 7/84	FUNERAL DIRECTOR	2 Lo De Court . Act. 2 1123 250. DATE REC'D. BY REGISTER 258 REGISTER SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filled within 12 have after aboth with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	7	1	2
DEG NO		-	

1	FOR STATE REGISTRAR	DEP ARTMENT OF HEALT! CERTIFICAT	TE OF DEATH	19/85			
DEC	CEASED NAME FIRST E OR PRINT) VLC	Elizabeth Ka	veavel 7	REG. NO. OF DEATH MONTH DAY YEAR 126 HOUR 17 89 6 9			
3. SEX	Female	1 RACE S. DATE OF BIR	21 08 78	VEARS LAST BRITHDAY) IF UNDER 1 YEAR IF UNDER 24 H MONTHS DAYS HOURS M YRS			
ř	IRTHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND	U.SA. WIDOWED	DIVORCED BA	ORE CITY OR COUNTY OF DEATH			
10. CI	BALTIMERE	11. NAME OF HOSPITAL, NURSING HOME OR OTH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Peaton S. BALTO. GE	(TYPEOF WO	RELIGIES HOLD OF BUSINESS INDUSTRY HOMEMAKE			
130. S	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUT	BA GIMERE YES	NO 1 353	ADDRESS / ZIP CODE SIXTH ST 21225			
1	ATHER'S NAME EJEST ANIEL	S GLEEN	SUSAW	MIDDLE HINKLE			
	WAS DECEASED EVER IN U.S. AR YES, NO OF UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SECURITY NO. 17 IN EWAR OR DATES) 218-16-1463 E	D KNEAVEL	214 W. ELEVENTHA			
18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardio Aylmonary area.							
	Canditians, if any, which gave rise ta immediate cause (a), stating the	DUE TO, OR AS A CONSEQUENCE OF	Vena				
ATION	gave rise ta immediate cause (a), stating the underlying cause last	() 1	RELATED TO THE TERMINAL DISEA	OPSY? 206 IF YES, WERE FINDINGS USED			
RTIFICATION	gave rise ta immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A CONSEQUENCE OF (c)	RELATED TO THE TERMINAL DISEA SPERFORMED 200 AUT YES	OPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES NO NO			
CAL CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A CONSEQUENCE OF (c) Chronic Yev CONDITIONS CONTRIBUTING TO DEATH BUT NOT 196 CONDITION FOR WHICH OPERATION WA 116. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 216.	RELATED TO THE TERMINAL DISEA SPERFORMED 200 AUT YES	OPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?			
MEDICAL CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT (19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	DUE TO, OR AS A CONSEQUENCE OF (c) Chronic Yev CONDITIONS CONTRIBUTING TO DEATH BUT NOT 196. CONDITION FOR WHICH OPERATION WA 198. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	RELATED TO THE TERMINAL DISEA SPERFORMED 200 AUT YES	OPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES NO NO			
	gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT (198. DATE OF OPERATION 198. DATE OF OPERATION 218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (18 EITHER NOTIFY MEDICAL EXAMINE) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (1) (this hasp saw the deceased dive an above, (1)) ((we) (did) (did not opove, (1)) ((we) (did) (did) (did not opove, (1)) ((we) (did) (did) (did not opove, (1)) ((we) (did) (did) (did) (did) (did) (did) ((we) (did) (did) (did) (did) (did) (did) (did) (did) (did) ((did) (did) (did) (did) (did) (did) (did) ((did) (did) (did	DUE TO, OR AS A CONSEQUENCE OF (c) Chronic Vev CONDITIONS CONTRIBUTING TO DEATH BUT NOT 19b CONDITION FOR WHICH OPERATION WA 19b CONDITION FOR WHICH OPERATION WA 19b CONDITION FOR WHICH OPERATION WA 19c CONDITION FOR	RELATED TO THE TERMINAL DISEAL SPERFORMED 200 AUT YES HOW INJURY OCCURRED (ENTER? LOCATION STREET 1 in (my) (a) apinian death accur.	OPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO NO NO NO NO NO N			
	gave rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT (190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DELETIME NOTIFY MEDICAL EXAMINET 21d INJURY OCCURRED WHILE NOT WHILE AL WORK 270.1 certify that (1) 4this hasp saw the deceased alive an above, (1) (we) (did) (did not 27b. SIGNATURE	DUE TO, OR AS A CONSEQUENCE OF (c) Chronic Yev CONDITIONS CONTRIBUTING TO DEATH BUT NOT 196 CONDITION FOR WHICH OPERATION WA 198 HOUR A.M. MONTH DAY YEAR 199 P.M. 19 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 101 ottended the deceased from 11 view the body after death. DEGRI	RELATED TO THE TERMINAL DISEAR S PERFORMED 200 AUT YES HOW INJURY OCCURRED (ENTER PARTICIPAL) LOCATION STREET 19	OPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO			
	gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT (198. DATE OF OPERATION 198. DATE OF OPERATION 218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (18 EITHER NOTIFY MEDICAL EXAMINE) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (1) (this hasp saw the deceased dive an above, (1)) ((we) (did) (did not opove, (1)) ((we) (did) (did) (did not opove, (1)) ((we) (did) (did) (did not opove, (1)) ((we) (did) (did) (did) (did) (did) (did) ((we) (did) (did) (did) (did) (did) (did) (did) (did) (did) ((did) (did) (did) (did) (did) (did) (did) ((did) (did) (did	DUE TO, OR AS A CONSEQUENCE OF (c) Chronic Yev CONDITIONS CONTRIBUTING TO DEATH BUT NOT 196 CONDITION FOR WHICH OPERATION WA 198 HOUR A.M. MONTH DAY YEAR 199 P.M. 19 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 101 ottended the deceased from 11 view the body after death. DEGRI	SPERFORMED 200 AUT YES HOW INJURY OCCURRED (ENTER P LOCATION STREET 1 in (my) (au) apinian death accurr EE ATTENDING MEDICAL	OPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO			

DHMH - 16 60M 7/84 (VRA 15, 4)

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THE YEAR THE WAS THE WAS THE WAS THE CATE Y THE SHEETERS IN STREET STREET DHALES S GEREL WASHING EXEMP 7-20-87 CEDER HILL CEDI DULLY H. A. M. M.

TORITARY FRANK WHERE SHAFF, AND SOME

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

7	REG. NO.	9	1	8	٤
	REG. NO.	- 60			

1=	FOR STATE STATE		DEPART		EALTH AND MENTAL HYGI ICATE OF DEATH	ENE REG. NO	19/	/ 8	٤
1.00	CEASED NAME FIRST OF PRINT) Alice	MIDE	Rae		neller		1987	YEAR	26. HOUR 6: 30A M
3. SEX	Female	White	е	S. DATE C	DF BIRTH 12,1901 YEAR	6 AGE TIN YEARS LAST BIR	THDAY) IF UNDER MONTHS YRS	R I YEAR DAYS	HOURS MIN.
0wi	RTHPLACE (STATE OR FOREIGN SOUNTRY) MITS, Md.	76. CITIZEN OF WH		WIDOWE	- Land	9 BALTIMORE CITY O Baltimr	o e City		M
	TYOR TOWN OF DEATH Baltimore	(FnMaty1	and Ge	herai	ROTHER INSTITUTION Hospital	TYPE OF WORK FOR MOST O	on 12h IND	KIND OF USTRY	BUSINESS OR
13a. S	AL RESIDENCE (IF NURSING HOME OR STATE Md. 136 Ba		owings		13d. INSIDE CITY LIMITS? YES NO	13e.SIREFI AZORESS	rison For	rest	Rd.
14) FA	Edward	MIDDLE	Kne 11	er	Rachel	AE MIDDLE	Wisner	r LAST	
	VAS DECEASED EVER IN U.S. AR YES, NO OR UNOWN) 1 IF YES, GIV		SOCIAL SEC 215-32-		Ms.Katherine	D. Kneller	Owings I	Mill	s,Md.
	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one couse per line D BY: E CAUSE (o) Ca			hmi a		В	APPROXIM ETWEEN O	NATE INTERVAL NSET AND DEATH
NOIL	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE						DITION GIVEN IN F	ART 110	
CERTIFICATION	19a DATE OF OPERATION	196 CONDITIO	ON FOR WHIC	H OPERATIO	N WAS PERFORMED	YES NO	20b. IF YES, WERE IN CERTIFYING C YES	FINDING AUSES	GS USED OF DEATH? NO
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M.	1b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19			ED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART 1 OR	PART 2)	
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21f. LOCATION STREET				wn cou	UNTY	STATE
j.	220.1 certify that (1) (this hospi sow the deceased alive an abave, M (we) (did) (did you 22b SIGNATURE	7 7 0			nd that in (ng) (our) opinion o	To to July 2 leath accurred on the do MEDICAL STAI DIRECTOR PHYSIC	ate and hour and fr		hot XI (we) los ouses stated
	22d PHYSICIAN'S NAME (TYPE O				22e ADDRESS	ryland Gene		tal	/ /
	BURIAL, CREMATION, REMOVAL	July 2	3,87		EMETERY OR CREMATORY Ridge Cem.	Pirkesvil	le, Md.	l A	STATE
24 FI	UNERAL DIRECTOR E11116 Funeral 1	lome Rei	stersto	wn, Mo	i. 21136 Z50 DATI	REC'D. BY REGISTRAR	256 REGISTRAR'S S		

JUL 2 8 1987

DHMH - 16 60M 7/B4 (VRA 15, 4)

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STATE OF MARYLAND

DEPARTMENT OF HEALTH

OF DEATH	BIENE	7	REG. N	10.	9	1	8	ļ
	20 DA1	EOF	DEATH	MONTH	DAY	YEAR	71	ы

	1	FOR	DEPART	MENT OF HEALTH AND MENTAL HYG	IENE	2 4
0432 111	22	STATE STRAR		CERTIFICATE OF DEATH	8 / REG. NO. 9	181
0 1 0 2 000	De	ED NAME / FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH DAY	YEAR 26 HOUR
2 C4	TTYPE	ORPRINTI CARRI	P,	KNINX	7-11	-87 M
you of	3. SE	(4 R	PACE	S. DATE OF BIRTH		INDER 1 YEAR IF UNDER 24 HRS
7 00	6	omple	Neren	LL - H - 17	- 79 YRS. MON	THS DAYS HOURS MIN.
2/03 000	7a BI		CITIZEN OF WHAT COUNTRY?	8	9 BALTIMORE CITY OR COUNTY OF	DEATH
1 11 1	1	ountry the Comban	11,5,A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore	Citis MD
3 34 1	10 CI	TY OR TOWN OF DEATH 11.		IG HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION	126. KIND OF BUSINESS OR
1 1/1	B	Allimore)	OF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS)	(TYPE OF WORK FOR MOST OF WORKING LIFE)	INDUSTRY
8 5 8	OSU	AL RESIDENCE (IF NURSING HOME OR OTH TATE 13b. COUNTY	ER INSTITUTION GIVE RESIDENCE BEFORE			121216
24 All All	7	TATE 136. COUNTY	131 PITY ORITON	YES P NO	13e STREET ADDRESS / ZIP CODE	PER ST
1 12 1	14. FA	THER'S NAME		15. MOTHER'S MAIDEN NA		1 1
1 11/1/		mother! "	Sam a	Sow Prest	Oil MIDDLE	1-/4
1-19-17	16a. V	VAS DECEASED EVER IN U.S. ARMET		JRITY NO. 17 INFORMANT	ADDRESS	, 21045
1 12 1	((IF YES, GIVE WA	AR OR DATES) 220-36-	5/003 MK Funit	e Tucker 5424	WATER IN Rd
9 25 4		18 CAUSE OF DEATH (Enter only o	une cause per line (a) (h) an	dici	1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Arce Phys		PART 1. DEATH WAS CAUSED B	14100.	TONGIL CONDED (ABULAL Resers	SCHALL WORKER AND DEATH
cert change in a		IMMEDIATE C	11/1	CON X CO ICCOC	_ ` /	
4 200		Conditions, if ony, which	DUE TO, OR AS A SEOU		allere	
		gove rise to immediate couse (a), stating the	(0)		^ .	
5		underlying cause last	DUE TO, OR AS A CONSEQUE	Linia Heart	Desease	
# 0 5 0 5		PART 2 OTHER SIGNIFICANT CON	NDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVEN	IN PART I (a
B 27/2 E	NO					
1 11 17	CATI	9a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		ERE FINDINGS USED
20 24 5	蓝				YES NO YES	IG CAUSES OF DEATH?
S S S S S S	CERT	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MONTH D		RED (ENTER NATURE OF INJURY IN ITEM 18 PART	I OR PART 2)
A 4 4 5 5 1 1 1	AL	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19		
de Maria	MEDIC	21d INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
of of the state of	ž	NHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE, I	10.30	10.67	
A Para		22a.l certify that (1) (this hospital)	prended the decesed from_	, 19		that (I) (we) last
11E	0	saw the deceased oby on obove (f) (we) (did) (shid not) w	T Ulas T 19_	B+, and that in (my) (aur) apinion	death occurred on the date and hour or	nd from the causes stated
M A A A A A A A A A A A A A A A A A A A	2	22b. SIGNATURE	1	DEGREE		22c. DATE SIGNED
Table of the control		1/AXS	ente	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	7/15/84
THE SECOND		22d. PHYSICIAN'S NAME (TYPE OR PR	INT)	22e ADDRESS	0 00	
HOS TANK		VALENTE	WM.	333 ST.	Paul Place	
0 8 H 4 3 3	73a 1	IRIAL, CREMATION, REMOVAL	DATE 730	NAME OF CEMETERY OR CREMATORY	23d LOCATION	. /
BP	R	(IRiA)	7-17-87 4	T CALVARU CAM	Bonklana	OUNIN That
DHMH - 16 60M 7/84	24 FI	JNERAL DIRECTOR		250. DAT	E REC'D. BY REGISTRAND AND EGISTRA	R'S SIGNATURE
(VRA 15, 4)	1	seph hokus	5 2222W.N	oth Ave. Il	11 22 1987 Julia d	Taridam-Randares

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

. 7 REG. NO.	9	7	8	6
REG. T.G.		-	-	-

		FOR STATE REGISTRAR	DEPART	MENT OF HEALTH /		ENS . 7 REG. NO.	197	88
page 3 er death		I. DECEASED NAME FIRST (TYPE OR PRINT)	am H.	Kolba		C	7/01/8	7 12:38 m
ector.		3. SEX	Caucasian		06-25	6. AGE (IN YEARS LAST BIRTHI	YRS.	ARS HOURS MIN.
funeral dir hin 72 had	35	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland 10. CITY OR TOWN OF DEATH	76. CITIZEN OF WHAT COUNTRY Untited States 11. NAME OF HOSPITAL NURSI	WIDOWED N	DIVORCED [Battimore City or Battimore 120 USUAL OCCUPATION	City Co	MD. ND OF BUSINESS OR
n by the further filled with	31	Baltimore Jal RESIDENCE (# NURSING HOME OF	Francis Scott K	t ADDRESS) Ley Medica		(TYPE OF WORK FOR MOST OF V	VORKING LIFE) INDUST	TRY
shauld be	35	136 COUI	NTY 13c. CITY OR TO	alk YES			ran augh	Rd/21222
complete and 2	30	William 160 WAS DECEASED EVER IN U.S. AR		besr.		ADDRESS		idwell
S. Pages	2		V II 217-16		inda Kalir	ndek 7916 Ka		
physicic and apper emoval.		PART I. DEATH WAS CAUSE	nly one cause per line for (a), (b), o ED BY: TE CAUSE (a) RESP (CA)	1 - 1 0	est		B£1W	PROXIMATE INTERVAL VEEN ONSET AND DEATH
move carbo		Conditions, if any, which	DUE TO, OR AS A CONSEQUE	JENCE OF tive mali	gnancy li	Kely metasta	tic	
Se red		gave rise to immediate cause (0), stating the underlying cause last.	DUE TO, OR AS A CONSEQU	JENCE OF	,))	imelanon	na.	
Then ple	1		conditions <u>contributing</u> to	DEATH BUT NOT RE	LATED TO THE TERMI	inal disease or condi	TION GIVEN IN PAR	1 10
it permit.	2	190. DATE OF OPERATION 190. DATE OF OPERATION 710. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHIC	H OPERATION WAS F	PERFORMED	YES NO NO	ZOB. IF YES, WERE FIN IN CERTIFYING CAU YES	
certificate triof-trans ental Hyg	1 3	OR CONTRIBUTION CAUSE OF DE			OW INJURY OCCURR	ED (ENTER NATURE OF INJURY	IN ITEM 18 PART TOR PART	f 2)
After this is as the but ofth and Minorked or	5	OR CONTINED THE CAUSE OF THE CA	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE		CATION STREET	CITY OF TOWI	N COUNTY	Y STATE
for us of He	1	saw the deceased alive ar	oital) attended the deceased from 19 19 19) view the body after death.		7 . 19	, to	e and hour and from	
AL DIREC detached ate Dept.	=	27h SIGNATURE	Dol.	DE GREE	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	_ 7	1/87
should be delivery the State		274 PHYSICIAN'S NAME (TYPE	Dabin MI	h 1.	ODRESS 940 E-c	slein Au	2 B. /	+ 141)
7. 42 3 X	3	230 BURIAL, CREMATION, REMOVAL		NAME OF CEMETER		234 LOCATION CITY OR TOWN	COUNTY	STATE
·		Burial 24 FUNERAL DIRECTOR Duda-	7-6-87 Ruck Funeral Ho	Sacred Hea		us Baltin	ore Maryl	
16 50M 4/8	33	NAME DUCA-	ADDRESS	me or bund	CLAIR	OF a BO	Gulia Da	really Consume

7922 Wise Ave. Dundalk, MD 21222

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

retained by the hospital ar attending physician.

HF8 top				Page 11	1 VV
		3-00-25			
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Selection .			Sand a		recently.
	2017 Ko.m.	the state			
		L. Commission			

filled in by the funeral director, page 3 oyld be filed within 72 hours after death

CT.	ATE	UE.	М.	APYI	AND	

DEPARTME

NT OF HEALTH AND MENTAL HYGIENE	1	1	0
CERTIFICATE OF DEATH	1	REG. NO.	-

JUL	-8	FOR STATE REGISTRAR		CERTIFIC	ALTH AND MENTAL HYG CATE OF DEATH	REG. NO		1 8	7
		CEASED NAME FIRST	MIDDLE	LAS		26 DATE OF DEATH	MONTH DAY	YEAR	2b HOUR
		George		Kolic	k		7 5 !	97	1135 AM
	3. SEX	4	RACE	5. DATE OF		6 AGE (IN YEARS LAST BIR	THDAY] IF UNI	DER I YEAR	IF UNDER 24 HRS
		Male	White	100	28 06	80	YRS.		
20	70 BII	RTHPLACE (STATE OR FOREIGN 78	CITIZEN OF WHAT COUNTRY?	8 MARRIED	□ NEVER MARRIED □	9 BALTIMORE CITY O	R COUNTY OF	EATH	
50	Fai	rmington, W. Va	U. S. A.	WIDOWED		Bal	timore	Cit	U. MD.
20	10 CI	TY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSI	NG HOME OR	OTHER INSTITUTION	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O	ON 12		F BUSINESS OR
5	B	altimore	Church Hosp	ital		Bartende		Tave	rns
1		AL RESIDENCE (IF NURSING HOME OR O	THER INSTITUTION, GIVE RESIDENCE BEFOR	RE ADMISSION)				2122	
5	130 5	Md. 136 COUNT	Baltim	ore	YES NO	13e STREET ADDRESS / 28 N. E			
	I4 FA	THER'S NAME			S. MOTHER'S MAIDEN NA			noe	ride
)		John	- Kulick		Anna	WIDDLE	- 5	eain	a
-		VAS DECEASED EVER IN U.S. ARM		URITY NO.	17 INFORMANT NICO	e: Mrsado	une S.	Bar	nes
1	(1)	(IF YES, GIVE	war or dates) 213-09-		8023 Neigh				
		18 CAUSE OF DEATH (Enter anly					,=0000	APPROXU	MATE INTERVAL ONSET AND DEATH
	W	PART I. DEATH WAS CAUSED	BY: 16.01.	/	ach cardia			4/9	S M
		IMMEDIATE			7				
		Conditions, if ony, which	DUE TO, OR AS A CONSEOU	# - //	what train			= 30) "
	No.	gove rise to immediate	(8)		The contract of the contract o				
		couse (o), stating the underlying couse lost.	DUE TO, OR AS A CONSEQU	ENCE OF				yea	us.
		PART 2 OTHER SIGNIFICANT CO	NOTIONS CONTRIBUTING TO	DE ATH BUT N	OT BELATED TO THE TERM	IN AL DISEASE OF CON	DITION GIVEN IN	I PAPT 1:0	
	Z	0 1 1 2000	111 1 .		OT RECATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN II	Y PART TIC	
	ATIC	End Stage COP!	196 CONDITION FOR WHICH		WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WE	RE FINDIN	IGS USED
1	FIC.	4/02		duocle	0 01 1	1 1	IN CERTIFYING		OF DEATH?
	CERTIFICATION	21a, ACCIDENT WAS UNDERLYING	716 TIME OF INJURY	100000000000000000000000000000000000000	21¢ HOW INJURY OCCURE		YES T	18 PART 21	NO []
7		OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH D		THE	(Elaien varione or hoto		5	
1	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 21e PLACE OF INJURY	19	211 LOCATION				
	ME	WHILE NOT WHILE	(AT HOME, STREET FACTORY OFFICE.		STREET	CITY OR TO	WN (OUNTY	STATE
		AT WORK		6/19	. 697	9/5		87	
		220.1 certify that (1) this haspita		87 , and	that in (my) (our) opinian	death accurred on the de	to and have and	from the	that (II) (we) last
		saw the deceased alive an abave/(i) we)(did) (did nat)	view the bady after death.			death occorred an the oc			
	-	226. SIGNATURE	72	Di	EGREE ATTENDING	MEDICAL STAI		22c DATE	/ A T
		Xenne 47	1 Byllins			MEDICAL STAI		7/5	87
1		224 PHYSICIAN'S NAME (TYPE OR	PRINT		22e ADDRESS	11	100 N.		-
-		KTAINIS+6 D	· BUTRIU MI	/}	10 Church N.	045 Hospit	Balto.	Md	21231

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and ca should be detached for use as the burnal-tronsit permit. Then please remays carbanpapers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burnal, cremation, or removal.

ATTENDING PHYSICIAN: The low

TO HOSPITAL OR

retained by the hospital or offending physician.

injury, or other troumotic event, the

IMPORTANT: If them 21 is marked ar Item 18 shows ony

DHMH - 16 60M 7/84 (VRA 15, 4)

23a BURIAL, CREMATION, REMOVAL (SPECIFY) 23b. DATE

23c NAME OF CEMETERY OR CREMATORY

23d LOCATION
CITY OR TOWN
Baltimore.

REGISTRATES SIGNATURE Burial 7/8/87 Oak Lawn Cemetery Baltimo
14 FUNERAL DIRECTOR John A. Moran, Inc. Funeral Home ATERECT BY REGISTRAR
3000 E. Baltimore St.; Balto., Md. 21224

A CHARLES CHARLES CHARLES AND A CHARLES AND

certificate

BP.

DHMH - 16 60M 7/B4 (VRA 15, 4)

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

001	REGISTRAR			CERTIF	ICATE OF DEATH	8 REG	NO.	9/	7 6
	TYPE OR PRINTI	ANK	MIDOLE	SOLO	DDNICKI	20. DATE OF DEATH	MONTH	7 / 987	26 HOUR
3	male male	4 RACE Wh	ite	5. DATE C	PF BIRTH	6 AGE (IN YEARS LAST		IF UNDER LYEAR	HOURS MIN.
5 6 70	BIRTHPLACE (STATE OR FOR COUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER MARRIED DIVORCED	Baltin			ME
1	CITY OR TOWN OF DEATH		HOSPITAL, NURSIN CHEACILITY, GIVE STREET HUTCH St.	G HOME C ADDRESS) Bal	to.Md. 21225	TYPE OF WORK FOR MO KILT OPE	ATION ST OF WORKING LIF Pator	126 KIND O INDUSTRY Locke	Insulat
5	SUAL RESIDENCE (IF NURSING 30. STATE 1:	G HOME OR OTHER INSTITUTION 36. COUNTY	GIVE RESIDENCE BEFORE 134 CITY OR TOWN Baltimo	ADMISSION) N re	13d INSIDE CITY LIMITS? YES MO [130 STREET ADDRES	s / ZIP CODE	2122	5
IA IA	Theodore	WIDDLE	Kolodnic	ki	15. MOTHER'S MAIDEN N Julia	WIDDLE		Kaca	
16	(YES. NO OR UNKNOWN)	U.S. ARMED FORCES? (IF YES GIVE WAR OR DATES) WWII	166. SOCIAL SECUI		17 INFORMANT Helen Pola:	nskas 5725	Phill:	timore : ips St.	Md. 21225
		(Enter only one couse pe S CAUSED BY: MMEDIATE CAUSE (0)	r line for (o), (b), one	dici-	oranded Ho	neton		BETWEEN	MATE INTERVAL ONSET AND DEATH
And In Control of the	PART 2. OTHER SIGNII 190 DATE OF OPERATIO 210. ACCIDENT WAS UNDER	FICANT CONDITIONS C		EATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CO	20b. IF YES	EN IN PART 1:0	√GS USED
4	210. ACCIDENT WAS UNDER	RLYING 17 216. TIME C	OF INJURY		21c HOW INJURY OCCU	YES NOL	YE	s 🗌	NO []
().	OR CONTRIBUTING CAI (IF EITHER, NOTIFY MEDICAI 21d INJURY OCCURRE WHILE NOT WHILE AT WORK AT WORK	USE OF DEATH L EXAMINER) D 21e PLACE (AT HOME ST	.M. MONTH DA .M. OF INJURY REET FACTORY, OFFICE, FA	19	211 LOCATION STREET	City O		COUNTY	STATE
	22a.1 certify that (1) (t	his hospital) attended the alive on 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	€ 1967 19	0 .01	nd that in (my) (our) opinio	Y, to	45 8 date and hou		
	22d PHYSICIAN'S NAM				ATTENDING PHYSICIAN 270 ADDRESS	DIRECTOR PHY	_ /	7/8	-187
73	BURIAL, CREMATION, RE (SPECIFY) burial		87 Ho	lame of c	EMETERY OR CREMATORY OSS Cemetery			A COUNTY	Md"
	George J. Go	nce Bal	1 Ritchie timore Md	Hwy. 21	225 250. D	ATE REC'D. BY REGISTR	AR 256 REGIST	RAR'S SIGNAT	

filled in by the funeral director, page 3 paid be filed within 72 hours after death

STATE	OF	MARYL	AND

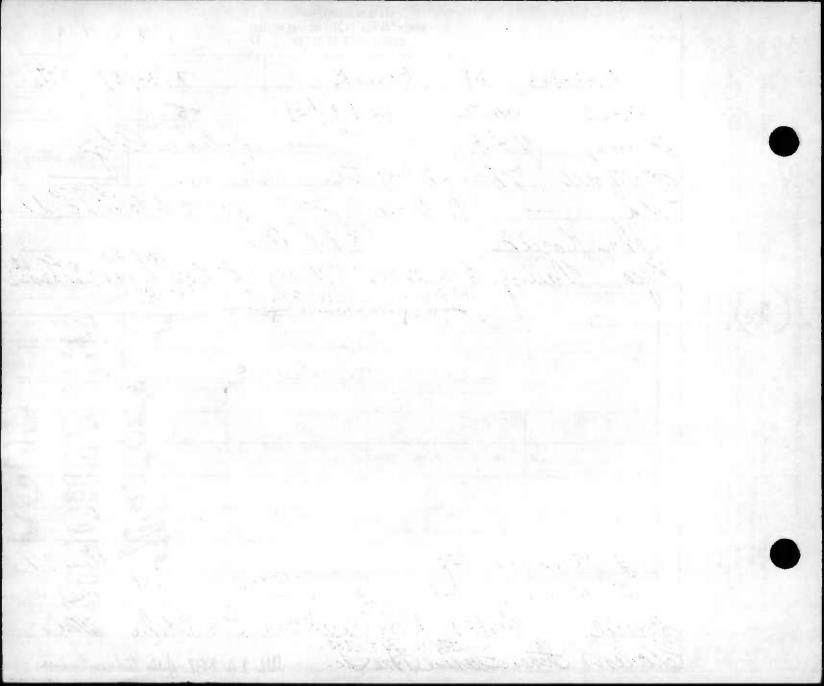
- ST			OF HEALTH AND MENTAL HYG RTIFICATE OF DEATH	REG. NO	9/	9
I. DECE A (TYPE OR P	Nicholas	M Ko	TECH BRITH	26 DATE OF DEATH		743 "
7s. BUITH	PLACE INTATE DEPOSITOR TO THE STATE OF TOWN OF SEATH IT		ARRIED ARVER MARRIED OWED DIVORCED DIME OR OTHER INSTITUTION	9 BALTIMORE CITY OF	re Cite	MD OF BUSINESS OR
R	ESIDENCE (# NURSING HOME OF OTHER	MAGE OF PHACE ITY, GIVE SEPERT A GORES	getel ,	134 STREET ADDRESS	ZIBRODE TO	71230 ent St
6	DECEASED EVER IN U.S. ARMED	L SORCES III SOCIAL SECTION VA	15 MGTHESH MAIDEN NAMED NO. 17 NFORMANT	ADDRE	31730	78 P) A
9 61 <u>41</u> PA	CAUSE OF DEATH Enter only of PART I. DEATH WAS CAUSED B IMMEDIATE CO. Conditions, if any, which love rise to immediate pulsar in its state of the immediate pul	1 100010	duc dise		DITION GIVEN IN PAR	SOCIONATE SCIENCALINA SERVICIONALINA SERVICIONA SERVICIONALINA SERVICIONA S
CERTIFICATION 130	DATE OF OPERATION	196. CONDITION FOR WHICH OPER	ATION WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE FI	
WEDICAL	ACCIDENT WAS UNDERLYING R CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) INJURY OCCURRED WHILE NOT WHILE	21b. TIME OF INJURY HOUR A.M. MONTH DAY Y P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ET	211 LOCATION	RED (ENTER NATURE OF INJUS CITY OR TO	7-5	
221	a l certify that (I) (this hospital) sow the deceased alive an obove, (I) (we) (did) (did not) vi b. SIGNATURE	iew the body after Beath 19 87	7/3 , 19 27, ond that in (my) (our) apinion of DEGREE ATTENDING PHYSICIAN	death occurred on the do	77c. C	Z, that (It (we) los in the couses stated DATE SIGNED
	AL, CREMATION, REMOVAL	sey)	301 ST PO	ecy wasp	Balt COUNTY	mD m Biair
1	BALDIRECTOR (DA	7/16/87 Hal	1250. DAT	E REC'D. BY REGISTRAR	tekin	Md.

DHMH - 16 60M 7/84

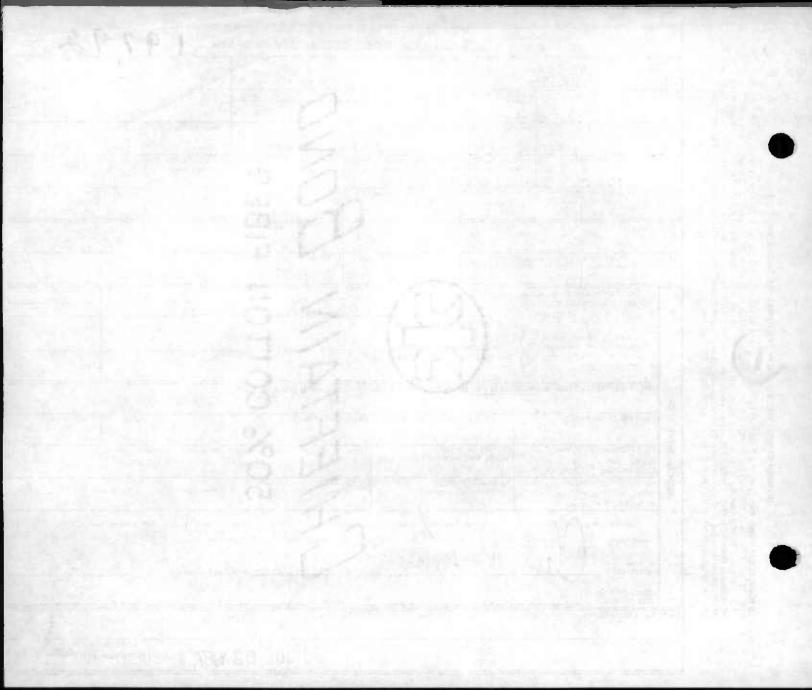
TO FUNERAL DIRECTOR. After this certificate has been signed by the utility should be detached for use as the burial-transit permit. Then please remains with the State Dept. of Health and Mental Hygiene prior to burial, cremation. IMPORTANT: If Item 21 is marked or Item 18 shows ony injury, or other traum

(VRA 15, 4)

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		١,	FOR Fi	4-8/29e	r Anatomy I ! tems 13a p	Board	MENT OF	TE OF M	ARYLAN	ND .	YGIENE	3		- 0		
- 1			STATE 13	c,13d,14	,13e,16 MED	ICAL	EXAMIN	NER'S	ERTIFIC	CATE	F DEA	TH 1	REG.	79	2	
5.7	FU 4 JUL		CEASED NAME	FIRST		MIDDLE			LAST	- 6	2	DATE KN		MONTH D		76 HOL
X	NSE ES. ET.			Pauli	ne			Ko	ronos	,	- 1	DEATH M	211	6-19	1987	
1	PEA FCTC FCTC FCTC STRE	3. SE)	(4 RACE	S. DATE OF BIRTH	YEAR	6. AGE (IN Y	EARS IF UN	DER 1 YR.			C DATE	0	MONTH D	AY YEAR	5:04
	No.	. F		W	12	2.3	63 1	RS.	DATS	HOURS		DEAD		6-19-	1987	1.04
	IF ANY DELAY IS NECESSARY, PLEASE 2, AND 3 TO THE FUNERAL DIRECTOR. 3. RETAIN PAGE 5 FOR YOUR FILES. SHOULD BE FILED, WITHIN 72 HOURS IL RECORDS, 201 W. (2053) ON STREET,		RTHPLACE (ST.	ATE OR	76. CITIZEN OF WHA	AT COUN	VTRY?	8 MARRI	ED NE	VER MARRI	ED 🗆		_	COUNTY	FDEATH	
	NEC S FUN	M	. Viro	ginia	U.S.			WIDOW	2 2	DIVORC			more			٨
	SHEE SHEE	10. CI	TY OR TOWN	OF DEATH	11. NAME OF HOSP (IF NOT IN SUCH FACE	ILITY, GIVE S	TREET ADDRESS)	E, OR OTH	ER INSTITU	TION		AL OCCUPAT OST OF WORKING		OF WORK 12b	OR INDUST	
	PE PE PE	LICITA	Baltin	nore	6418 Bela	air 1	Road									
21201	ATH. IF ANY DEL	13a. S	TATE	13b. COUN			OR TOWN	ion)	13d. INSIDE C	ITY LIMITS?	13e. STRE	ET ADDRESS				
. 21	A SECOND	-	ryland			Ва	altimo	re	YES X	NO 🗌		Belai	r Rd,	Balt	. Md 2	21206
MD.		14. FA	ATHER'S NAME FIRST		MIDDLE		LAST		15 MOTHE	R'S MAIDE	NAME	MIDDI	LE		LAST	
ORE	20€ ₹0 —						vejoy									
N N	PAR PAR	16a V	ES, NO, OR UNKNOV	DEVER IN U.S. AR	MED FORCES? WAR OR DATES)		CIAL SECURI		17. INFORA	77.1	- N		ADDRESS			
BALTIMORE	JRS AFTER DE B. GIVE PAGE WITH FORM T. PAGES 1 AU DIVISION OF		NO.			235	32-	1935	Medi	calt	Exam	cFadd	ebff	ice		
	E, DI			ATH WAS CALISE	nly one cause per line f								1		APPROXIMAT BETWEEN ONSE	
NO	N 24 HOUR N ITEM 18. ALONG W IT PERMIT. IYGIENE, D			IMMEDIA	TE CAUSE (0) Chr				e pul	monar	y dis	ease				
PRESTON ST.,	E EXECUTED WITHIN 2 DINGS IN PENCIUM II DICAL EXAMINER ALC DICAL - TRANSIT H AND MEMAL HYG EMATION, OR REMOV		Condition	is, if any, which	DUE TO, OR A	AS A CON	ISEQUENCE	OF								
4	R RE		gave rise	e ta immediate	(b)				- 1							
5	EXAMINER ENCIPHING EXAMINER FINAL TRANS		lying caus	stating the <u>under</u> se last.	DUE TO, OR A	IS A CON	ISEQUENCE	OF								
S	NO URE		DART 2 ATHER CIC	NICICANT CONDITIONS	(c)	IT NAT BEL										
RECORDS, 201 W.	ULD BE EXECUTED WITHIN 24 HOURS AFTER "PENDING" IN PENCIUN ITEM 18. GIVE PAUF AMOING WITH FOR ED AS A BURIAL TRANSITERMIT. PAGES 1 HEALTH AND MEMAL HYGIENE, DIVISION AL, CREMATION, OR REMOVAL.	z	TAKE Z OTHER SIO	מתווועמתו נשמטווועמי	CONTRIBUTING TO DEATH BU	JI NUI KELJ	LIED TO THE TER	MINAL DISEASI	DR CONDITIO	N GIVEN IN PAI	RT 1 day.					
REC	MEN WEN WEN WEN WEN WEN WEN WEN WEN WEN W	CERTIFICATION	19a. DATE OF	OPERATION	19b. CONDITIO	ON FOR	WHICH OPE	RATION W	AS PERFOR	MED?				12	0 AUTOPSY	2
IŽ	SHOULD SH	FIC												ľ		
DIVISION OF VITAL	WO BE COME OF SECOND	ERT	210 EXTERNA	L CAUSE WAS	21b. TIME OF 1			21c. HC	OW INJURY	OCCURRE	D LENTER NA	ATURE OF INJURY	IN ITEM 18 PA	ART 1 OR PART 2)	YES 🗌	NO X
O Z	STAN STAN STAN STAN STAN STAN STAN STAN		UNDERLYING	OR OR CAUSE OF	DEATH P.M.	MONTH		R								
500	CERTIF TING DED TO DEPAR DEPAR 1 PRIO	MEDICAL	71d INJURY O	CCURRED	21e PLACE OF			211. LO	CATION					-		
2	WRITI WRITI ARDE AGE 3 ATE D 1201	X	WHILE AT WORK	NOT WHILE	STREET, FACTO	RY, FARM, E	TC.)	S	TREET			CITY OR TOWN		COUNTY		STATE
	E, WA						1					T.	7			
	A S S E S E S			1 1/1	ge of the remains descr	ribed abo		Autop		Inspection	n [],	Inquiry 2	, and	in my apinia	n	
	AMI STEC STEC STEC SYLV		death resulte	d from Noty	ral causes [A].	Acaden	L, Si	uicide 🔲	, Hamic		Undeter	mined mann	er 🔲,			
	ECERT CERT DUID E L DIRE H, WIT MARY		ACTUAL	1 1/1	12	KRY	W		TITLE (S					DATE	710	0.7
	SEA SEA		SIGNATURE_		0.0	7 Y'		M	Assi	Stant	MEDIC	AL EXAMINI	ER	SIGNED	7-1-8	0/
	A PER DE	-	EXAMINER'S N	NAME Cha	rles P. Kol	ked.	M D		ADDRESS	111 D	enn S	treet	Ralt	to., M	D 2120	71
	TO MEDICAL EXAMINER: THIS C EXECUTE THE CERTIFICATE, WRI PAGE A SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 21201	73a, Bl	URIAL, CREMAT	ION, REMOVAL			NAME OF CE				23d. LOC		Dali			
07/84		(5	SPECIFY)		6-20-87				. Chematic			RTOWN		COUNTY	S	TATE
25M	BP	24. FI	UNERAL DIRECT	TOR						250 DATE	REC'D. BY F			TRAR'S SIGN	ATURE	
	DHMH - 17 (VR A15 ME (5))		Sta	te Anat	omy Boar	d				JUL	02	1987	who do	undsen-	Mandelle	-



deoth. PBLCHARDSON

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

	-	REGISTRAR				CERT	IIICAIL OI D	CAIII	0 /	REG. NO.			Spin	
		CEASED NAME	FIRST	West part	MIDDLE		EAST		20. DATE OF	DEATH MO	INTH DAY	YEAR	26. HOU	R
	[I TPE	OR PRINT)	NICH	OLAS	Angelo	s K	OUNDOU	RIOTIS	JULY	10,	1987		6:10	0 P
	3. SEX	(4 RACE	12/60		OF BIRTH		6. AGE IN YEA	ARS LAST BIRTHD	AY) IF UP	VDER I YEAR	IF UNDER	
		fale		Whi		Apr		73 YEAR	14		YRS.	HS DAYS	HOURS	MIN.
2		RTHPLACE STATE O	R FOREIGN	76. CITIZEN C	OF WHAT COUN	NTRY? 8.	IED NEVERA	AARRIED T	9 BALTIMOR	E CITY OR C	OUNTY OF	DEATH		
page 1	N	ld.		U	SA	WIDOV		ORCED	BALTI	MORE	CITY			MD.
7		TY OR TOWN OF DE	ATH	I IF NOT IN S		URSING HOME ESTREET ADDRESS) HOPKINS	OROTHERINST		TYPE OF WORK	OR MOST OF W		26. KIND O NDUSTRY	F BUSINE	SSOR
1	USUA 13n S	AL RESIDENCE IN NU	RSING HOME OR	OTHER INSTITUTE	ON GIVE RESIDENCE		13d INSIDE C	ITV LIAAITCO	Liz. STREET AN	DDECC / 7	D CODE			
San March		Md.	130 COOK			imore	YES 🌠	NO 🗌	13e STREET AL 271 S	• Elly	rood A	ve. 2	1224	
-		THER'S NAME		MIDDLE	LA!	ST		MAIDEN NAM	WE	WIDDIE		LĄS	ī	
		Stelios	A.		Koundou			rgia		J.	1	Maist	ros	
		/AS DECEASED EVE (ES, NO OR UNKNOWN)		MED FORCES E WAR OR DATES)	1	6-2392	Mrg.		a J. Ko	ADDRESS	riotis	Sam	0	
		18 CAUSE OF DEA PART I. DEATH	WAS CAUSE	D BY: E CAUSE (0)_	Brains	death.	• 4		tusion			2da	MATE INTER ONSET AND	
		Conditions, if on gove rise to in couse (0), stot underlying caus	mediate ing the	(b).	OR AS A CON	Vehicle	acciden	t (pot	hent str	uchy,	truck)	2 day	54-8	Ms
	20	PART 2 OTHER SIC	SNIFICANT C	ONDITIONS	CONTRIBUTIN	G TO DEATH BU	JT NOT RELATED	TO THE TERM	INAL DISEASE	OR CONDIT	ION GIVEN I	N PART II		
	ATK	190 DATE OF OPER	ATION	196, CON	IDITION FOR V	VHICH OPERAT	ON WAS PERFO	RMED	120a AUTOP	SY? 2	Ob. IF YES, WE	RE FINDIN	IGS LISER	
-L	CERTIFICATION	7-8-8	7	1.	ad trau						CERTIFYING			H3
		210. ACCIDENT WAS U			OF INJURY	H DAY YEA		JURY OCCURR	REO (επιτεπτική)	ACCUPATION IN	EM 18 PART 1	OR PART 2)	1	
/	MEDICAL	LIF EITHER, NOTIFY MEI			See 7	8 18	1 1 116	ing Dic	ucle wo	is het	by T	nice		-
1	MED	WHILE NOT W	VHILE X		STREET, FACTORY, O	OFFICE FARM, ETC.)	P. L. AVE	11 1113	Flin Das	1700	140/	And	h "	LAZ
5		22a.1 certify that (ul) attanded	the deserred	7-	RITUADOCE	HWY	4 MINWOO	12/16	100	MACI	0	PAIOT
0		sow the decea above, (1) (we)	sed olive on,	hyain d	low 7/8	0.7	and that in Imy	to a local c	DZ A DO ET	and to	and hour like	DANN	NEW STATE	ted .
		226. SIGNATURE	in all	low	2			TTENDING PHYSICIAN [MEDICAL DIRECTOR	STAFF PHYSICIAN	70	7-1	0 -8	7
		22d PHYSICIAN'S N	AME ITYPE O	PRINT)			22e ADDRES	S		OE.		_	4.	
		MARI	AF	1440			Osler	624,	THH	6001	JWolf	132	102	1205
	23a B	URIAL, CREMATION	, REMOVAL	236. DATE			CEMETERY OR C		23d. LOCAT			UNTY	51	TATE
		Burial		July	14,198	7 Gre	ek Ortho	dox	Wood	lawn	Balt	o. M	d.	60

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP

TO FUNERAL DIRECTOR, After

should be detached with the State Dept IMPORTANT: If he

> 24 FUNERAL DIRECTOR Leonard J. Ruck Inc. Baltimore, Maryland

259 DATE REC 338Y PEOSTRAR 25W REGISTRAR'S SIGNATURE

Aprell 2,1075 agenia Fed . Loundon detis Stolene 219-1-2792 Hrs. Coords W. Koundenrickie Same Mondale 2 Coldina Controll Had fought

had the state of the series of

John Advantagen appear section flower 8 7

Marin) July 13,1987 freek frihodox Youllawn Ralto. Md.
Louiser d. Huck inc. Maltimore, Paryland 1 [B 12 20]

Andrea Eastolmer Luarina

Burial Jul C9 1907 Dulancy Valley on. | Cockeysville | Maryland

Jeonard J. Buck, Inc. Palticore, Parliand JUL 88 181

STATE OF MARYLAND

RTMENT	OF	HEALTH	AND	MENTAL	HYGIENE
CE	RTI	FICATI	OF	DEATH	9

17		1 9	2	4
1	REG. NO.	1 1	7	-

ÜL	24-	FOR TATE CEGISTRAR	DEPARTM	ENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	B / REG. NO	19795
		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH	MONTH DAY YEAR 26 HOUR
		JOSEPHIN	IE KO	WALSKI	JULY 17,	1987 3:40am
- [1.50	' -	1 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRT	
		-	W	SEPT 6, 1908	18	YRS
1	7e. Bil	RTHPLACE 1 STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY OF DEATH
2	19	ARYLAYD	USA	WIDOWED DIVORCED	BALTIM	DRE CITY MO
1	Te.CI	TF ORTOWN OF DEATH	11. NAME OF HOSPITAL, NURSING	HOME OF OTHER INSTITUTION	120 USUAL OCCUPATIO	
٥	BI	ALT IMORE	CHURCH HO	50 ITAL	PACKING	//
5	130 S	STATE 13b. COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE A	YES NO 1	13e STREET ADDRESS	ZIP CODE PE 37
C	14 FA	THER'S NAME FIRST	CICHOSK	IS MOTHER'S MAIDEN NAM	WE	LAST
1		VAS DECEASED EVER IN U.S. ARI	MED FORCES? 166 SOCIAL SECUR WAR OR DATES) 214-246	CON GENEVIEV	E CALE	PORTUGAL ST
- 1		18 CAUSE OF DEATH (Enter on	y one couse per line for 101, (b), and	IC13		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSE	E CAUSE (o) CARDIA	C ARREST		30 min.
	Z			NCE OF EATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR COND	DITION GIVEN IN PART LIO
1	CERTIFICATION	MTT.D D1	ABETES 196 CONDITION FOR WHICH C	DPERATION WAS PERFORMED	206 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\bigcap \text{NO} \(\bigcap \)
7		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH DA	Y YEAR		
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE, FA	211 LOCATION STREET	CITY OR FOV	VN COUNTY STATE
		220.1 certify that (I) (this hospin sow the deceased alive an above, (I) (we) (did) (did no	JULY 17	JULY 8 , 1987 37 , and that in (my) (our) opinion (to JULY 17 death occurred on the do	, 19.87 , that (I) (we) lost te and hour and from the causes stated
		22b. SIGNATURE	Housely	DEGREE ATTENDING PHYSICIAN [MEDICAL STAF	
		PAUL GORMLE				L CORPORATION
	73a P	BURIAL CREMATION, REMOVAL		AME OF CEMETERY OR CREMATORY	ADWAY BALT	IMORE, M.D.
	13	WRIAL	7/11/81 140	LY ROSARY CE	CITY OR TOWN	BALTO MD
4	24 FL	INERAL DIRECTOR	ADDRESS	401 3.	E REC'D. BY REGISTRAR	256 REGISTRAR'S SIGNATURE
	116	OHN M. WEL	SER T SONS	CHESTERS	IL 23 1987	Julia Desider Kondina

DHMH - 16 60M 7/B4

IMPORTANT: If them 21 is marked or them 18 shows any injury, or other troumatic event, th

(VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The low, requires that the death certificate be executed within 24 hours after retained by the hospital or attending physician.

TO FUNERAL DIRECTOR. After this certificate has been signed by the ditending physician and additional bedden do use or the burnol-transit permy. They please the decorporate Page with the State Dept of Health and Mental Hygiene prior to during, cremation, ar remayor. IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the med

IMPORTANT: If Irem 21 is marked or Irem 18 shows any injury,

058679

sly filled in by the funeral director, page 3

STATE OF MARYLAND

П	-10:	FOR		DEPA (T	MENT OF H	EALTH AND MENTAL HYG	GIENE		
	100	STATE REGISTRAR			CERTIF	ICATE OF DEATH	8 REG. NO.	9 7 9	9 6
		CEASED NAME FIRST		MIDDLE	L	AST	20. DATE OF DEATH MONTH	DAY YEAR 25 HC	
	(IIIFE	KUNIGU	NDE	OCH	KR	ACHT	July 3,1987	111	30 M
	3. SEX		4 RACE		5 DATE O	F BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	a di beni i e ni	DER 24 HRS
		Female	Whi	te	Jan.		84 yrs.	MONTHS DATS HOURS	MIN.
Per	70. BIF	RTHPLACE (STATE OF FOREIGN		WHAT COUNTRY	8		9 BALTIMORE CITY OR COUNTY	OFDEATH	-
1	~	ermany	II.	S.A.	WIDOWE	DINEVER MARRIED DIVORCED	Baltimbre Cit	37	MD
		TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSI	NG HOME O	R OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUST	
	B	altimore		r Conva		i 11m	(TYPE OF WORK FOR MOST OF WORKING LIF	Own Home	
7	W5UA	AL RESIDENCE (IF NURSING HOME C	OR OTHER INSTITUTION	GIVE RESIDENCE BEFOR	RE ADMISSION)				3
6		aryland 13b COL	INTY	Baltimo		13d INSIDE CITY LIMITS?	2905 Pinewood	A Avo 2	21214
0		ATHER'S NAME		Darcing)T.E	15. MOTHER'S MAIDEN NA		AVE. Z	1714
1		FIRST	MIDDLE	LAST Only	250	FIRST	MIDDLE	/ TITE TEN OF	1
-	14n \A	Johann vas deceased ever in u.S. a	PMED EOPCES2	Och	LIPITY NO	Anna 17 INFORMANT	ADDRESS	(Unknow	/11 /
		YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)					21214	2 2
		No		510-01-	-2136	Elizabeth	A. Setzer, 290	05 Pinewo	
		18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS	only one cause per	line far (a), (b), a	nd ic	10		APPROXIMATE IN BETWEEN ONSET A	IERVAI ND DEATH
			ATE CAUSE (a)		16	runand me	denneman	1 days	
	170	1	DUE TO, O	R AS A CONSEOL	JENCE OF	1		0	
		Canditians, if any, which	(b)_			apprehone		-	
		cause (0), stating the	DUE TO, O	R AS A CONSEOL	ENCE OF				
		underlying cause last	((c)_						
H	_	PART OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIV	EN IN PART 110	
	CERTIFICATION	Generalized	aluise	limi.	JP M	who : ansmi	of Chronic liger		
7	CA	190 DATE OF OPER N	196 COND	ITION FOR WHICH	OPERATION	WAS PERFORMED	200 AUTOPSY? 200 IF YES	S, WERE FINDINGS US FYING CAUSES OF DE	ATH?
4	TIF							S NO	_
>		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		OF INJURY	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 P	ART 1 OR PART 2)	
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMIN	AIR	Μ.	19	and the same			
	ED	21d. INJURY OCCURRED	21e PLACE	OF INJURY	EAGAL ETC.	211 LOCATION	CITY OR TOWN	COUNTY	STATE
	>	AT WORK NOT WHILE AT WORK	(AT HOME SI	REET, PACTORT, OFFICE.	PARM, ETC.	1.1 m	0/0	1 ~0	
H		220.1 certify that (1) (this hay	tel attended th	ne dureafed from.	- 4	1// 190/		19 8 that (1)	(we) lost
	200	saw the deceased alive o	nat view the body	Stardagh 19	8 , an	d that in (my) (sor) apinion	deoth accurred on the date and hav	r and fram the causes	stated
-		226. SIGNATA	n n	difer dediff.	[DEGREE		72L DATE SIGNE	0
Н		aller	Sac	dles 1	2	ATTENDING PHYSICIAN	DIRECTOR PHYSICIAN	2/1/8	29
		224 PHYSICIAN'S NAME (TYPE	OR PRINT)	1	- /1	22e ADDRESS		1010	-
		Albert B	. Bradl	Lev. M.J	0.	4900 Bel	air Rd.		
	230. B	BURIAL, CREMATION, REMOVA				EMETERY OR CREMATORY	236 LOCATION		
		Burial	July7		Park		Baltimore	COUNTY	Id.
							TE REC'D. BY REGISTRAR 25% REGIST		
		OBERTO. ALT				E, INC.	-06 1007 1	Mind Day	lack.

DHMH - 16 60M 7/84 (VRA 15, 4)

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ACCES - AMERICAN COME. REESTA 21 - 2-213 (biliselista a a submor, 21 a submordistro to freedom oddaet Land A i w doorning a field in the

4 JUL	14	FOR STATE REGISTRAR			DEPARTA	MENT OF H	OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH	GIENE 8	7 REG.	NO. 1	9	1	9 /
		CEASED NAME	FIRST		WIDDLE	1	AST	2a. DAT	E OF DEATH		DAY	YEAR	2b. HOUR
		I I	DAISY	F	LIZABETH		KRAUSCH			7	10	87	3:30P "
<u> </u>	3 SE	X		4. RACE		5. DATE C		6. AGE	IN YEARS LAST	BIRTHDAY)	IF UN	DER 1 YEAR	IF UNDER 24 HRS
	-	FEMALE		WHI	TE	7	6 14		73	YR	S		
E 45		RTHPLACE (STATE OR	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIE	NEVER MARRIED	9 BALT	MORE CITY	OR COU	NTY OF I	DEATH	
30		MARYLAND		U.S	.A.	WIDOWE			BAL	FIMOR	E CI	TY	MD
E. 1 (10. C	ITY OR TOWN OF DE	ATH		HOSPITAL, NURSIN		R OTHER INSTITUTION		VORK FOR MOS			26 KIND O NDUSTRY	F BUSINESS OR
ا لِمَ		BALTIMORI		ST.	AGNES HO	SPITA	L		EMAKE				
ad 1.50	130	AL RESIDENCE (# NUR STATE IARYLAND	13b COUN		GIVE RESIDENCE BEFORE 134. CITY OR TOW BALTIMOF	N	13d. INSIDE CITY LIMITS?	13e.STRE	ET ADDRES	S / ZIP CO	ODE N ST	REET	21229
na Da		ATHER'S NAME		MI-TO-			15 MOTHER'S MAIDEN NA						
20		WILLIAM	^	AIDDIE	ELL]	OTT	DAISY		MIDDLE			LIN	THICUM
0		WAS DECEASED EVER			166 SOCIAL SECU	RITY NO.	17. INFORMANT		ADE	ORESS			
medical	- (YES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	219-10-8	8832	ERNEST C. KI	RAUSC	H 1319	LOCI	UST A	AVE.	21014
nt, the		18 CAUSE OF DEA	TH (Enter onl	v one couse pe	r line for (a), (b), and	d (c).)	r				T	APPROXI	MATE INTERVAL
ven ven		PART I. DEATH V		Ó BY: E CAUSE 10)	Ca	ide	iae are	it					
on, or re umotic e		Conditions, if ony	, which		R AS A CONSEQUE	NCE OF	sd - Hyper	A. cc	arsio	vase:	8,	2	mecks
(other		gove rise to im couse 101, stati underlying caus	ng the	DUE TO, O	R AS A CONSEQUE	NCE OF	yperleur	un				6	yso .
in X	TION						NOT RELATED TO THE TERM						
Shows on	CERTIFICATION	190 DATE OF OPERA				OPERATIO	N WAS PERFORMED	YES [IN CEI	YES		OF DEATH?
E I S		210. ACCIDENT WAS UN		21b. TIME C	OF INJURY .M. MONTH DA	YEAR	21c. HOW INJURY OCCUR	RED (ENT	ER NATURE OF IN	NJURY IN ITEM	18 PART 1	OR PART 2)	
Mental	CAI	(IF EITHER, NOTIFY MED	ICAL EXAMINER)	P.	м.	19							
_ 0 /	MEDICAL	21d. INJURY OCCUP			OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	211. LOCATION STREET		CITY OR	TOWN		COUNTY	STATE
orked		AT WORK AT WO	ORK D			-		-	0	0	0	77	
.5 E		22a.1 certify that (I		ol) ottended th	ne deceosed from_	+ 21	20/	/, to_	m	ey/	19_		that (I) (we) last
1. of		saw the deceo obove, (I) (we)	did) (did not	view the body	ofter deoth.	/	d that in (my) (our) opinion	death occ	urred on the	dote and	hour and		
H Her		276 SIGNATURE	1	6	11	1-1	DEGREE	MEDIC	`A1 S1	TAFF		22c. DATE	SIGNED
Ë			mo	may	gue	dech	~ MYSICIAN [DIRECT	TOR PHY	SICIAN		/ .	13.8)
PORTAN		22d. PHYSICIAN'S N					27e ADDRESS						
IMPORT.		Justina					3927 Old A	nnapo	olis R	oad			
, >	23a 1	BURIAL CREMATION	REMOVAL	23h DATE	23. N	IAME OF C	EMETERY OR CREMATORY	23d 1	OCATION				

Justinas Kudirka 3927 Old Annapolis Road 234 NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23b. DATE

23d LOCATION
CITY OF TOWN
BALTIMORE

MARYLAND

24 FUNERAL DIRECTOR (VRA 15, 4)

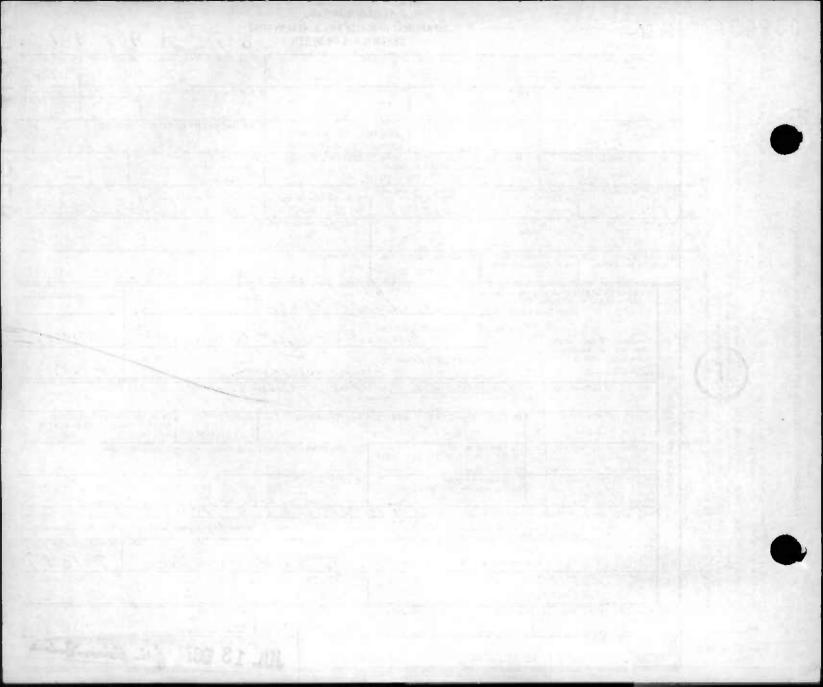
BURIAL

HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

7/14/87

LOUDON PARK CEMETERY 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR 3 SIGNATURE

DHMH - 16 60M 7/84



		FOR STATE REGISTRAR			DEPART	MENT OF H	OF MARYLA	MENTAL HYG	ENE 8 /	REG. NO	9	.7	9	8
30			VEY 4. E.	ACE C	N.		DAY	7 _{AR}	6. AGE JIM YE		7/	28/8 H UNDER 1 TO	7	HOUR SO AM
9	C	RTHPLACE (STATE OR FO	Н 11.		OSPITAL, NURSI	MARRIED WIDOWEI	- hand	ORCED	9 BALTIMOR	AUT	-	12b. KIN	D OF BI	MD.
7/0		BALTIMUR AL RESIDENCE (15 NURSIN STATE MD LA	. 6	COO RINSTITUTION	FACILITY, GIVE STREET GIVE RESIDENCE BEFOR 130 CITY OR TOV	MAR E ADMISSION)	13d. INSIDE CI	TY LIMITS?	Bal. Co	.Schoo	1. Sy		-	ation
2	,	Harvey	widdi W.	Krei	uzburg, S		Olive	MAIDEN NAM	Blanch	MIDDLE 1C		Moug	LAST ey	
2			(IF YES, GIVE WAI	OR DATES)	156 -3	O - E - S	Betty I		rg Pik	9 Reis			8g.	
		Conditions, if ony, gove rise to imme couse (a), stoting underlying couse	S CAUSED BY MMEDIATE CA which ediate the lost	DUE TO, OR (b) DUE TO, OR (c)	AS A CONSEQUE	ENCE OF Q TID	londy s	our pe pelitis	of at l	OR CONDIT	ION GIV		4	EINTERVAL ET AND DEATH
2	CERTIFICATION	19a DATE OF OPERATION	ON	196. CONDI	TION FOR WHICH	OPERATION	N WAS PERFOR	RMED	200 AUTOF		N CERTIF	, WERE FIN YING CAU	SES OF	
2	MEDICAL CER	210. ACCIDENT WAS UNDER OR CONTRIBUTING. CA (IF EITHER NOTIFY MEDICA 21d. INJURY OCCURRE WHILE WHILE AT WORK 220.1 certify that (1) (1) sow the decayse obave. (1) (we) Ichie	USE OF DEATH (LEXAMINER) D E this hospitol)	P.A. 21e. PLACE C (AT HOME STRE	A. MONTH DA OF INJURY SET, FACTORY, OFFICE. deceosed from.	FARM, ETC)	211 LOCATIO STREET	. 19 87	, to	CITY OR TOWN	1 28	COUNTY	Z, that	1000
/		226. SIGNATURE 226. PHYSICIAN S NAM	HE WHE OR BRIT		ned 1	no.		TTENDING HYSICIAN [MEDICAL DIRECTOR	STAFF PHYSICIAL	BU	D.	7/2 BA	8/87 ALT. MI

23c NAME OF CEMETERY OR CREMATORY

Linthicum Chapel Cem.

DHMH - 16 60M 7/84

BP.

IMPORTANT: If Item 21 is marked or Ien 18 shaws any injury, or ather traumatic event, th

(VRA 15, 4)

PARRY H. WITZKE FUNERAL HOME, INC.

230 BURIAL, CREMATION, REMOVEL (SPECIFY) Burial

July830 4112 Columbia Rd. Ellicott City, Md.

DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

COUNTY

STATE

23d LOCATION

Beison Randres

Total agl. Co. Seponl Sym. Rauguston Barreny M. Kreuzburt, Sr. Glive Linerta ABORNOS REPRESENTA STRUMENTO CONTRA

HALLY W. WILTER ALL COLUMNS EN.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

IE AND	0.3	
0	DEG	NO

-1	-										
		EASED NAME	FIRST		MIDDLE		LAST	20 DATE OF DEATH	MONTH DAY	YEAR	26. HOUR
	() tre	OR PRINT)	Lawre	ence	U.	Krogma	an, Sr.	July 6, 19	987		
	3. SEX	(4. RACE		5. DATE	OF BIRTH	6. AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HOURS A
	Ma	le		Caucas:	ian		ober 2, 1914	72	YRS		
200		RTHPLACE (STATE OF	FOREIGN	76 CITIZEN OF	WHAT COU	NITDV2 B	IED NEVER MARRIED	9 BALTIMORE CITY	R COUNTY O	FDEATH	
6		ryland		USA		WIDOW		Baltimore	City		
	10 CI	TY OR TOWN OF DE	ATH			URSING HOME E STREET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION OF WORKING LIFE)		OF BUSINESS
20	Ba	ltimore		4508 Li				Retired -			hers
		AL RESIDENCE (IF NUI	13h COUN	OTHER INSTITUTION		E BEFORE ADMISSION	1 13d INSIDE CITY LIMITS?	13e STREET ADDRESS	/ 7IP CODE		
2 4		ryland	138 COOL	and the same of the same of	Balti		YES NO	4508 Luers		e. 2	21206
		THER'S NAME					15. MOTHER'S MAIDEN NA				
0		Lawrence	ρ.	H.	Krogn	nan	Elizabeth	MIDDLE	Ecl	kenro	ie
-	160 W	AS DECEASED EVE	R IN U.S. AR	MED FORCES?		L SECURITY NO.				2120	
1	Ye	ES, NO OR UNKNOWN)	LITI 2	& Kore	215-0	19-2648	Mr. Lawrence		r. 450		rssen
`	10	18 CAUSE OF DEA			-		Titte Dawrence	RIOGINAII, U.	1. 400	APPRO	ONSET AND DE
			nmediate ing the ie last	DUE TO, C	DR AS A CON	ISEQUENCE OF	TE ANALY		IDITION GIVEN	IN PART I	a
	TION	gove rise to in couse (a), statunderlying couse	y, which nmediate ing the ie last	DUE TO, CO DUE TO, CO CONDITIONS C	DR AS A CON	ISEQUENCE OF	UT NOT RELATED TO THE TERA	ninal disease or con			
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29	MEDICAL CERTIFICATION	gove rise to in couse (a), statunderlying couse (b). Statunderlying couse PART 2 OTHER SIGNATURE OF OPER. 21a. ACCIDENT WAS USED OR CONTRIBUTING CIFEITHER NOTIFY MED 21d. INJURY OCCU	y, which immediate ing the ideal of the idea	DUE TO, CO (b) DUE TO, CO (c) 19b. COND 19b. COND ATH P 21b. TIME CO HOUR A P 21e PLACE	OR AS A CON ONTRIBUTION OF INJURY OM ONTRIBUTION OF INJURY OM OF INJURY	ISEQUENCE OF IG TO DEATH BL WHICH OPERATI TH DAY YEAR	UT NOT RELATED TO THE TERM ON WAS PERFORMED 21c. HOW INJURY OCCUR	100 AUTOPSY? YES NO T	706. 4F YES, V IN CERTIFYII YES	VERE FINDING CAUSE:	NGS USED S OF DEATH? NO
29		gove rise to in couse (a), stot underlying couse PART 2 OTHER SIC 19a. DATE OF OPER. 21a. ACCIDENT WAS UI OR CONTRIBUTING [IF EITHER NOTIFY MEI 21d. INJURY OCCU	y, which immediate ing the ideal lost. SNIFICANT (ATION NDERLYING [CAUSE OF DE. DICAL EXAMINED RRED WHILE [ORK	DUE TO, CO (b) DUE TO, CO (c) CONDITIONS C 19b. COND ATH HOUR A P 21b. TIME C HOUR A R) P 21c. PLACE (AT HOME ST	OR AS A CON ONTRIBUTION OF INJURY A.M. MONT OF INJURY TREET FACTORY.	ISEQUENCE OF IG TO DEATH BL WHICH OPERATI IH DAY YEAL 19 OFFICE FARM ETC.)	JT NOT RELATED TO THE TERM ON WAS PERFORMED 216. HOW INJURY OCCUR 211. LOCATION	200 AUTOPSY? YES NO X RED (ENTER NATURE OF INJU	706. 4F YES, V IN CERTIFYII YES	VERE FINDING CAUSE:	NGS USED S OF DEATH? NO
29		gove rise to in couse (a), statunderlying couse (b), statunderlying couse (b). The couse (b) and couse (b) and couse (b) and couse (c) and cou	y, which mediate ing the last less last less last less last less last less less less less less less less le	DUE TO, CO (b) DUE TO, CO (c) 19b. CONDITIONS CO 19b. TIME CO HOUR A ATH P 21e PLACE (AT HOME ST	OR AS A CON ONTRIBUTION OF INJURY A.M. MONT OF INJURY TREET FACTORY. The deceased	ISEQUENCE OF IG TO DEATH BL WHICH OPERATI TH DAY YEAR 19 OFFICE FARM ETC.)	JT NOT RELATED TO THE TERM ON WAS PERFORMED 216. HOW INJURY OCCUR 211. LOCATION	200 AUTOPSY? YES NO X RED (ENTER NATURE OF INJU	706. IF YES, NIN CERTIFYII YES DIRY IN ITEM 18 PARN	VERE FINDING CAUSE:	NGS USED S OF DEATH? NO STAIL
29		gove rise to in couse (a), statunderlying couse (b), statunderlying couse (b). The couse (b) and couse (b) and couse (b) and couse (c) and cou	y, which mediate ing the last less last less last less last less last less less less less less less less le	DUE TO, CO (b) DUE TO, CO (c) 19b. COND 19b. COND 19b. TIME CO HOUR AA HOUR AA R) 21b. TIME CO HOUR AS (c) (at HOME ST	OR AS A CON ONTRIBUTION OF INJURY A.M. MONT OF INJURY TREET FACTORY. The deceased	ISEQUENCE OF IG TO DEATH BL WHICH OPERATI TH DAY YEAR 19 OFFICE FARM ETC.)	JT NOT RELATED TO THE TERM ON WAS PERFORMED 216. HOW INJURY OCCUR 211 LOCATION STREET 19 7 9 ond that in (my) (our) apinion DEGREE	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJU CITY OR TO	706 4F YES, VIN CERTIFYII YES DWN . 19 late and hour a	COUNTY	NGS USED S OF DEATH? NO STAI
29		gove rise to in couse (a), stot underlying couse PART 2 OTHER SIGNATE OF OPER. 19a. DATE OF OPER. 21a. ACCIDENT WAS UPORT OF CONTRIBUTING CIPETHER NOTIFY MEI CAT WORK NOTIFY MEI COULD NOT WHILE AT WORK NOTIFY OF COUNTY OF CO	y, which mediate ing the last less last less last less last less last less less less less less less less le	DUE TO, CO (b) DUE TO, CO (c) 19b. CONDITIONS CO 19b. TIME CO HOUR A ATH P 21e PLACE (AT HOME ST	OR AS A CON ONTRIBUTION OF INJURY A.M. MONT OF INJURY TREET FACTORY. The deceased	ISEQUENCE OF IG TO DEATH BL WHICH OPERATI TH DAY YEAR 19 OFFICE FARM ETC.)	JT NOT RELATED TO THE TERM ION WAS PERFORMED 216. HOW INJURY OCCUR 211 LOCATION STREET ond that in (my) (our) apinion	200 AUTOPSY? YES NO X RED (ENTER NATURE OF INJU	206. IF YES, NIN CERTIFYII YES DWN 19 10te and hour o	COUNTY	NGS USED S OF DEATH? NO STAT
29		gove rise to in couse (a), stot underlying couse PART 2 OTHER SIGNATE OF OPER. 19a. DATE OF OPER. 21a. ACCIDENT WAS UPORT OF CONTRIBUTING CIPETHER NOTIFY MEI CAT WORK NOTIFY MEI COULD NOT WHILE AT WORK NOTIFY OF COUNTY OF CO	y, which imediate ing the ing	DUE TO, CO (b) DUE TO, CO (c) 19b. COND 19b. COND 21b. TIME CO HOUR A R) 21e PLACE (AT HOME ST ittol) ottended It ittol) view the body	OR AS A CON ONTRIBUTION OF INJURY A.M. MONT OF INJURY TREET FACTORY. The deceased	ISEQUENCE OF IG TO DEATH BL WHICH OPERATI TH DAY YEAR 19 OFFICE FARM ETC.)	216. HOW INJURY OCCUR 211 LOCATION STREET 19 79 and that in (my) (our) opinion DEGREE ATTENDING	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUING TO COME OF TO COME OF THE CO	206. IF YES, NIN CERTIFYII YES DWN 19 10te and hour o	COUNTY	NGS USED S OF DEATH? NO STAT
29		gove rise to in couse (a), statunderlying couse (b), statunderlying couse (b). The statunderlying couse (b) and couse (c) and c) and couse (c)	y, which imediate ing the ing	DUE TO, CO (b) DUE TO, CO (c) 19b. COND 19b. COND 21b. TIME CO HOUR A R) 21e PLACE (AT HOME ST itol) oftended II only view the body A b a	OR AS A CON ONTRIBUTION OF INJURY A.M. MONT OF INJURY TREET FACTORY. The deceased	ISEQUENCE OF IG TO DEATH BL WHICH OPERATI TH DAY YEAR 19 OFFICE FARM ETC)	211 LOCATION STREET and that in (my) (our) apinion DEGREE ATTENDING PHYSICIAN [200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUING TO COME OF TO COME OF THE CO	206. IF YES, NIN CERTIFYII YES DWN 19 10te and hour o	COUNTY	NGS USED S OF DEATH? NO STAT
29	WEDICAL WEDICAL	gove rise to in couse (a), statunderlying couse (b), statunderlying couse (b). The statunderlying couse (b) and couse (c) and c) and couse (c)	Which imediate ing the	DUE TO, CO (b) DUE TO, CO (c) 19b. COND 19b. COND	OR AS A CON ONTRIBUTION OF INJURY A.M. MONT O.M. OF INJURY TREET FACTORY. The deceased by after death.	USEQUENCE OF IG TO DEATH BL WHICH OPERATI IH DAY YEAR 19 OFFICE FARM ETC.) Trom 19 73. NAME OF	211 LOCATION STREET and that in (my) (our) apinion DEGREE ATTENDING PHYSICIAN [200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUDENT TO DESCRIPTION OF TO DESCRIPTION OF THE DESCRIPTION OF THE DESCRIPTION OF TOWN OF T	706 IF YES, VIN CERTIFYII YES DWN 19 late and hour o	COUNTY	STATI

Randallstown, MD

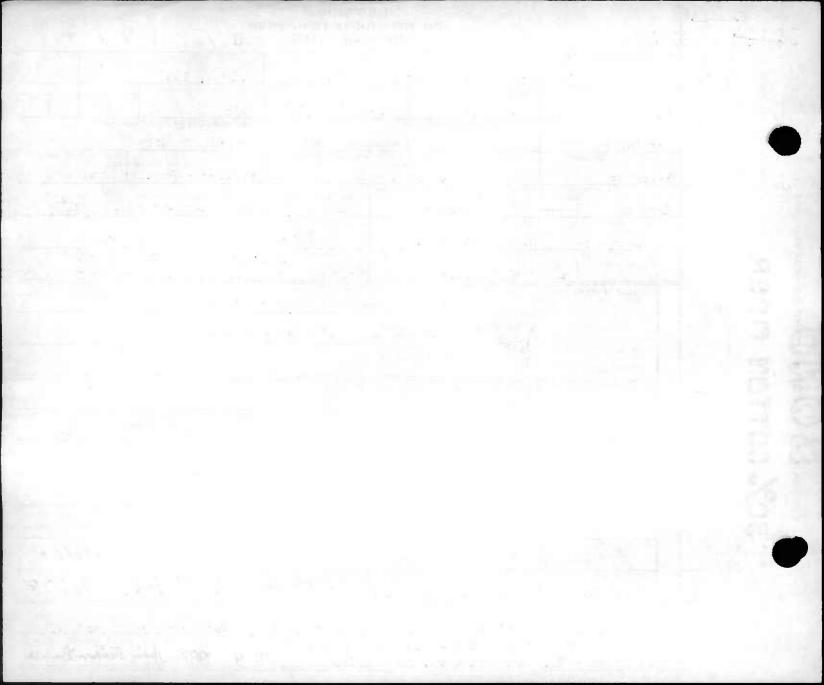
DHMH - 16 60M 7/B4 (VRA 15, 4)

8728 Liberty Rd.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital or attending physician.

BP.

FOR



BP.

DHMH - 16 60M 7/84

(VRA 15, 4)

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event,

0599

5

nerol director, page 3

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

87 198 00

1	FOR - STATE REGISTRAR			OF HEALTH AND MENTAL HY	GIENE 8 1	78 00
	CEASED NAME FIRS	lan	MIDDLE	Kubo, Jr.	20. DATE OF DEATH MONTH	11 87 2/46 M
3. SE	X	4 RACE		ATE OF BIRTH	6. AGE IN YEARS LAST BIRTHDAY	IF UNDER 1 YEAR IF UNDER 24 HRS
	Male	Orient	a1 ()	12 16 36	50 YR	
	IRTHPLACE (STATE OF FOREIG		WHAT COUNTRY?	ARRIED X NEVER MARRIED	BALTIMORE CITY OR COUN	NTY OF DEATH
-	Waii	U.S.A		OWED DIVORCED DIVORCED	Baltimore (
	Baltimore	North	Charles Gene	eral Hospital	(TYPE OF WORK FOR MOST OF WORKIN Retired .	126. KIND OF BUSINESS OR INDUSTRY Army
13a. M	aryland Ha	ome or other institution COUNTY arford	GIVE RESIDENCE BEFORE ADMIS 131. CITY OR TOWN Aberdeen	13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CO 54 Great Oaks	
14. F	ATHER'S NAME	MIDDLE	LAST TV 1 C	15. MOTHER'S MAIDEN NA	MIDDLE	LAST
160	Harlan was deceased ever in u.	Tsutomu	Kubo, Sr		Ah San ADDRESS	Kubo
	(YES NO OR UNKNOWN) (IF Y	es, give war or dates) Orea	575–34–867		Same as abo	ve
	18 CAUSE OF DEATH (En PART I, DEATH WAS C IMM Conditions, if ony, whis gove rise to immedio couse (o), stating the underlying couse later than the course in the course i	AUSED BY: EDIATE CAUSE (a) DUE TO, C the te DUE TO O	line for 101, 161, and 10.1. Acute Ca RAS A CONSEQUENCE RAS A CONSEQUENCE RAS A CONSEQUENCE REPA	tic Care	inoma Parcinoma	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
CERTIFICATION	PART 2. OTHER SIGNIFICA			BUT NOT RELATED TO THE TERM	200 AUTOPSY? 20b. IF	GIVEN IN PART 110 YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?
RIF					YES NO	YES NO
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE	OF DEATH HOUR A	DE INJURY M. MONTH DAY Y M.		RRED (ENTER NATURE OF INJURY IN ITEM	18 PART I ORPART 2)
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY REET, FACTORY, OFFICE, FARM, ET	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	220.1 certify that (I) (this sow the deceased of			and that in (my) (our) opinion	, to, to death occurred on the date and	hour and from the causes stated
	Engel	a a	Swins	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED 7/1//87
	Ange la	A. S.	winson, Me	Wyman	Park Drive	, Balto, MON21
23a.	BURIAL, CREMATION, REMO	OVAL 236. DATE		OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
24.5	Burial	7/16/	87 Harf	ord Mem. Garden		Harford Md.
	UNERAL DIRECTOR		ADDRESS	11.	TE REC'D. BY REGISTRAR 256, REG	SISTRAR'S SIGNATURE
Ta	rring Funera	L Home, PA	Aberdeen Md	.21001-3399 LJU	1 6 1987 July	a Devidson Pandage

DHMH - 16 60M 7/84

(VRA 15, 4)

061565 AUG-

DEPARTA	STATE OF MARYL MENT OF HEALTH AND CERTIFICATE OF I	MENTAL HYG	IENE 8 7 _{REG. NO.}	1 9	8	0	i
WIDDIE	LAST		20. DATE OF DEATH MONTH	DAY	YEAR	26 HOU	JR .
iga M.	KUFERA		07	26	87	12:	30
	5. DATE OF BIRTH		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDI	ERIYEAR	IF UNDER	24 HRS
е	oct. 3	1892	94	MONIHS	DATS	HOURS	MIN.
OF WHAT COUNTRY?	8		9 BALTIMORE CITY OR COU	NTY OF DE	ATH		

I. DECEASED NAME	MIDDLE				10. DATE OF DEATH	MONTH	DAT TEAK	76 HOU	JK .
(IDA)	Jadwiga N	ı. KIII	FERA_			07	26 87	12:	30
3. SEX	4. RACE	5. DATE C	FBIRTH		6 AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER I YEAR	IF UNDER	
Female	White	oct.		1892	94	YRS	MONIHS DATS	HOURS	MIN.
To. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	DUNTRY? 8	□ NEVED A	ARRIED -	9 BALTIMORE CITY	OR COUNT	Y OF DEATH		
Poland	USA	WIDOWE		ORCED	Baltimo	re Cit	су		MI
M. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL		R OTHER INST	ITUTION	120 USUAL OCCUPA		12b. KIND C	F BUSINE	SSOF
Baltimore	Church	n Hospital			Housewife		(IFE) INDUSTRY		
USUAL RESIDENCE (IF NURSING HOME OF 130. STATE 136. COU	INTY 13c. CITY		138 INSIDE CI	ITY LIMITS?	13e STREET ADDRESS 2014 GC	zip cot ough S	treet 2	1231	
14 FATHER'S NAME				MAIDEN NA					
Jakub	Trzyk	oinski	Agne	FIRST PS	MIDDLE		Jakobci	ak	
		IAL SECURITY NO.	17 INFORMA	NT	ADD	RESS			
(YES, NO OR UNKNOWN) (IF YES G	IVE WAR OR DATES) 213-	-74-8910	Antho	nv Kuf	era 2014	Gouah	Street		

PART I. DEATH WAS CAUSE	ane couse per line for (a), (b), and (c) BY CARDIAC ARI CARDIAC ARI	REST
Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF	

190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	N WAS PERFORMED			20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO			
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	216 HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART 2				
216 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (ATHOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	wn COUNTY	STATE			

22a. I certify that (I) (this hospital) attended the deceased from, sow the deceased alive an abave, (I) (we) (did) (did nat) view the body after death and that in (my) (aur) apinian death occurred an the date and hour and from the causes stated

DEGREE 22c. DATE SIGNED

PHYSING RCHECKOS PINAL

22d PHYSICIAN'S NAME (TYPE OF PRINT)
PATRICIO, G.V.,

	• / 11	DALI	TIMORE,	MD.	XXZIZ3
BURAL, CREMATION, REMOVAL	23b DATE	23c NAME OF CEMETERY OR CREMATORY	23d LOCATION		COUNTY
Burial	7 30 97	Unly Dogawy Complant	D-11-		0001111

JOHN M. WEBER & SONS INC. 401 S. CHESTER STREET

24 FUNERAL DIRECTOR

STATE

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	VI	HEA	PERM	MITT	IAIP LA E W.P.	II I OIFUE
CE	RT	IFIC	ATE	OF	DEATH	8

	71		y
		REG. NO.	
-		ME O. T. O.	_

				FOR STATE REGISTRAR			DEPARTA		EALTH AND	MENTAL HYG DEATH	8 / REG	N 9	8 0	2
0.5	98.37	11.22	L PL	DNAME	FIRST		MIDDLE	l l	AST		20 DATE OF DEATH	MONTH D	AY YEAR	2b HOUR
00	y unti	201	17	01	Walte	r	M.	K	utrik	Sr.	July	14, 19	987	M
4.1	6 6 6		1. SE	(-		4 RACE		5. DATE C			6. AGE (IN YEARS LAST		IF UNDER 1 YEAR	
	ge 4 ector in off			Male		Wh	ite	Janu	ary 7,	1922	65	YRS	ONTHS DATS	HOURS MIN.
-	of the	4 1		RTHPLACE (STATE O	R FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIE	D X NEVER	MARRIED T	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
	1 15	5	1	Maryland		U.	S.A.	WIDOWE		NORCED [Bal	timore C	ity	MD.
a.	111	200	10 CI	TY OR TOWN OF DE	ATH		HOSPITAL, NURSIN		OR OTHER INS	TITUTION	12a USUAL OCCUP			OF BUSINESS OR
ä	23 0	1		Baltimore	e		oodring A		212	34	Industria			er
ND 212	24 hour	76	130. 5	AL RESIDENCE (IF NU TATE aryland	13b. COUN	OTHER INSTITUTION	GIVE RESIDENCE BEFORE 13t. CITY OR TOW Baltimor	ADMISSION)	13d. INSIDE C	ITY LIMITS?	13e.STREET ADDRES		ó	41000
2	1 42 1		-	THER'S NAME			1			S MAIDEN NA		7041216	11101	71000
IAR	1 12/1	30		Michae!		MIDDLE	Kutri	le.		Bertha	WIDDE		LA.	
wi .	4	\sim	16a V	VAS DECEASED EVE		MED FORCES?	16b. SOCIAL SECU		17. INFORMA		ADI	DRESS	oslusz	My
IMOR	Pinge Fige	1		YES, NO OR UNKNOWN)	(IF YES, GIV	WW II	213-16-5	629	Hele	n Kutri	k 3141 Woo	dring A	ve. 21	1234
W. PRESTON ST	bet the death of by the attraction are not contact if, compilian pre-			Canditians, if an gave rise ta in cause (a), stat underlying caus	y, which nmediate ing the	(b)_	DR AS A CONSEQUE				one co	<u> </u>		
05, 20	ingreed bernple bernple o burio		NO	PART 2 OTHER SIC	SNIFICANT C	ONDITIONS C	ONTRIBUTING TO E	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR CO	ONDITION GIVE	N IN PART 1	a
DIVISION OF VITAL RECORDS, 201	an. Sas been permit I ene prior	9	TIFICATION	196 DATE OF OPER	ATION	19b COND	PITION FOR WHICH	OPERATIO	N WAS PERFO	DRMED	206 AUTOPSY?	IN CERTIFY	WERE FINDI	NGS USED S OF DEATH?
10F VIII	g physics g physics entiticate modificate modificate section 18 sh	9	CAL CERT	OR CONTRIBUTING (IF EITHER NOTIFY MEI	CAUSE OF DEA		DF INJURY .M. MONTH DA .M.	AY YEAR	21c HOW IN	JURY OCCURI	RED (ENTER NATURE OF E	NJURY IN ITEM 18 PA	RI 1 OR PARI 2)	
IVISION	otherside the first to the hound hand Monday	1	MEDICAL	21d INJURY OCCU	VHILE		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATE		CITY OF	TOWN	COUNTY	STATE
_	CTOR A Har use of Healt			220 I certify that (saw the decea abave, (I) (we)	sed alive an		29 19	87.01	nd that in (my)	(aur) apinian	, ta death accurred an the			that (I) (we) last causes stated
•	y the har kal DIRE detached cite Dept			276 SIGNATURE	24/	106	Zuon.	ופומ			MEDICAL S DIRECTOR PHY	TAFF SICIAN []	22c DATE	SIGNED
	oned by the state of the state	1		Dr. Ma			man M.D.		2360		pa Rd. Ba	ltimore	. Md.	21204

(SPECIFY)

DHMH - 16 60M 7/84 (VRA 15, 4)

236. BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY

Burial Jul 17 1987 24 FUNERAL DIRECTOR

Oak Lawn Cemetery

| 23d LOCATION | CITY OF TOWN | EQUINITY | ST | COUNTY |

Leonard J. Ruck, Inc. Baltimore, Maryland

JUL 6 1987

July 11, 1997	Satist		183 LP1	JUL 1787	059837
	January 7, 1922	ea left		I.L.	
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Industrial Photographer					B
51 (1 codiffing Ave. 118ths	X 070	Philiams.		neigret	
Pos Xuenny	AR Rejins		lya	DIN	
t 3141 Woodname Ave. 21834					
on Rd. Reltimore, Md. 2120A				TŪ.	
the contract stout is	grovenot avai int	1 17 1987	111		
	Marian	127 A . OR	4.0.4	TENTOS .	

Wm. C. March F/H West 4300 Wabash Avenue

DHMH - 17

(VR A15 ME (5))

TORE IT SUA

neral director, page 3 CO

STATE OF MARYLAND							
DEPARTMENT OF HEALTH AND MENTAL H	TYGIENE						
CERTIFICATE OF DEATH	85						

REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.	
ME EASED NAME	FIRST	MIDDLE	AST	20 DATE OF DEATH MONTH	
(TYPEOR PRINT)	BARRON	LAF	IELD	JULY 18,198	7 8:03 A
3. SEX	4 RACE	5 DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
Male	Wh	nite Dec	10 1000	34 YR	
70. BIRTHPLACE (STATE OR	FOREIGN 76 CITIZEN OF	WHAT COUNTRY?	D NEVER MARRIED	9 BALTIMORE CITY OR COU	NTY OF DEATH
Louisiana	U.S	.A. WIDOWS		BALTIMO	RE CITY MD
IO CITY OR TOWN OF DE		HOSPITAL, NURSING HOME		12a USUAL OCCUPATION	126 KIND OF BUSINESS OR
BALTIMORE	THE"	"JOHN'S" HOPKI	NS HOSPITAL	Artist	Set Director
USUAL RESIDENCE (IF NUR.	ING HOME OF OTHER INSTITUTION	GIVE RESIDENCE BEFORE ADMISSION)	\$13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CO	ODE
Md.		Balto.	YES NO	1721 Linden	
14 FATHER'S NAME	WIDDLE	LAST	15. MOTHER'S MAIDEN NA	WE	
Walter	Ray	Lafield	Dorothy	Ann	?
160 WAS DECEASED EVER	IN U.S. ARMED FORCES?	166 SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS	
(YES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)	435-90-3144	Bill Bailey	/ Balto	., Md.
	H (Enter anly one cause pe	r line for (a), (b), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH V	VAS CAUSED BY IMMEDIATE CAUSE (a)	Premonia			2 weeks
		OR AS A CONSEQUENCE OF			
Canditions, if any			12419		
gave rise to im	mediate	DR AS A CONSEQUENCE OF			
underlying cause		ATAS			12715.
PART 2 OTHER SIG		ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION	GIVEN IN PART 110
NO NO					
19a DATE OF OPERA	TION 196. CONE	DITION FOR WHICH OPERATIO	N WAS PERFORMED		YES, WERE FINDINGS USED
Ē				YES NOW	YES NO
210. ACCIDENT WAS UN		OF INJURY M. MONTH DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)
OR CONTRIBUTING	CAUSE OF DEATH	.M. 19			
OR CONTRIBUTING (IF EITHER NOTIFY MED 21d INJURY OCCUR	RED 21e PLACE	OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STATE
WHILE NOT W	MILE	REET, FACTORY, OFFICE FARM, ETC.)	JINEE		
220.1 certify that	(this haspital) attended t	he deceased from TI	19 5	, toTul, IF	, 19_87, that (I) (6) last
saw the decease	ed olive an Sol	o ofter death	nd that in (my) (aur) apinion	death accurred an the date and	haur and from the causes stated
226. SIGNATURE	T-1. A >0		DEGREE MO		22c. DATE SIGNED
7)	my len 17 to		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	1 301/18/1987
22d. PHYSICIAN'S N	AME (TYPE OR PRINT)		22e ADDRESS		
Step	hen a Flact	M.D.	600 w. wolfe si	1 Johns Making Hes	a. Bellines Md 2100
230 BURIAL, CREMATION	<u> </u>		EMETERY OR CREMATORY	23d LOCATION	
(SPECIFY)				CITY OR TOWN	COUNTY STATE

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physical should be detached for use as the burial-transit permit. Then please remove carbon papers with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, discernation, with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, discernation, and control is marked or frem 18 shows any injury, or other transmissible entity.

(VRA 15, 4)

FOR STATE

Burial 7-20-87 New Gathedral Balto. Md.

UNERAL DIRECTOR

Henry W. Jenkins & Sons Co., Balto., Md.

We Gathedral Balto. Md.

150. DATE REC'D. BY REGISTRAR 156. REGISTRAR'S SIGNATURE MADRESS.

Henry W. Jenkins & Sons Co., Balto., Md. 1111 2 1 1007 Burial
24 FUNERAL DIRECTOR

Md.

9

060359 JUL 2287

Henry . . Jan in & on wo., Elto., Md.

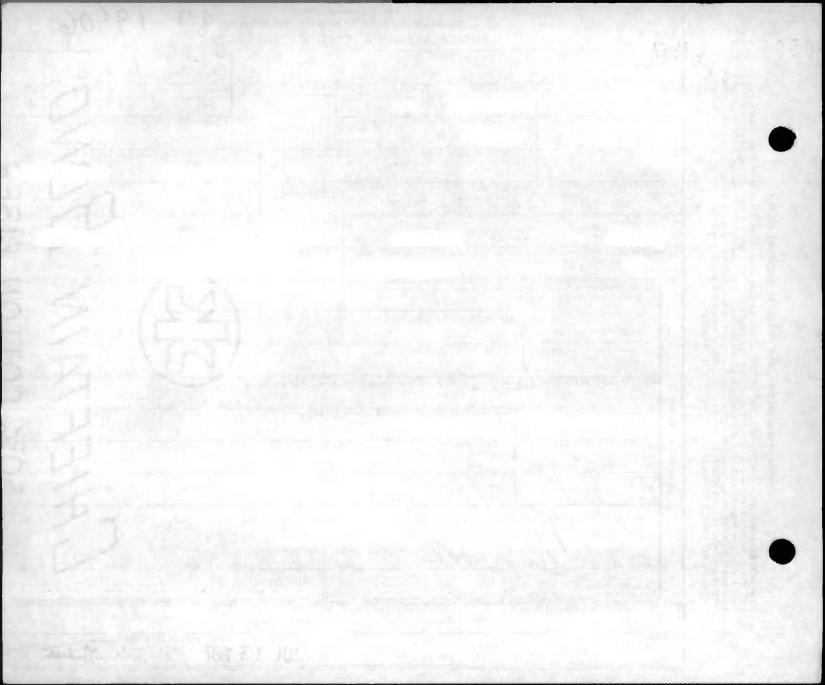
. . 7.

JUL 28 MARY

LILLY & ZEILER.INC. 700 S. CONKLING ST.2123

(VR A15 ME (5))

STATE OF MARYLAND



06 JUL

STATE OF MARYLAND

17-11- 11. 1

BP.

DHMH - 16 60M 7/84

(VRA 15, 4)

B. Dabrowski & Son 2818 E. Baltimore St

IMPORTANT: If Hem 24 is marked or Hem 18 shaws any injury, ar oth

2 3 5 Hoge 4 may be 2 3 5 Hours director, page 3 5 Hours after death 7

STATE OF MARYLAND							
DEPARTMENT	OF	HEALTH	AND	MENTAL	HYGIE		

	7	REG. NO	9	8	0	
--	---	---------	---	---	---	--

П	1	FOR	DE	PARTMENT OF H	EALTH AND MI	NTAL HYGIE	ENE	
		STATE REGISTRAR		CERTIF	ICATE OF DE	ATH	8 7 REG. NO. 9	8 0 9
•		ASED NAME FIRST	MIDDLE		LAST		20. DATE OF DEATH MONTH D	DAY YEAR 26 HOUR
	(TYPE	OR PRINT!	olas	La	uEaue	r	7-3	1-87 9:40 PM
	3 SEX	(4 RACE	5. DATE C			AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
H		Male	W Cauc	MONTH	DAY 28	FAR F	70 YRS.	NONTHS DAYS HOURS MIN.
1		RTHPLACE (STATE OR FOREIGN	TE CITIZEN OF WHAT COU	NTRY? 8.	NEVER MA	PRIED D	BALTIMORE CITY OR COUNTY	OF DEATH
D	M		II S A	WIDOWE		RCED	Ballfamore Gi	for MD.
			11. NAME OF HOSPITAL, N	NURSING HOME			120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
3	Ва	altimore	Veterans		1	0.50	Roofer .	Housing
0	USUA	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE	E BEFORE ADMISSION)				Industrig
b		Md . ISB COUN			13d INSIDE CITY		36.STREET ADDRESS / ZIP CODE	s+ 21224
	_	THER'S NAME		imore	15. MOTHER'S A		E	71-21224
	25		AIDDLE LA	51	To		WIDDLE	IAST II hahman
-		VAS DECEASED EVER IN U.S. ARA	AED FORCES? 166 SOCIA	L SECURITY NO.	17 INFORMAN	hanna	ADDRESS	Heubshman
h	Y	(ES, NO OR UNKNOWN) (IF YES, GIVE	TT 219-	03-0413	Anna	Lauer	2603 Orleans	C+
ij		18 CAUSE OF DEATH (Enter onl			1 mma	Dauer	2005 Offeans	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	7	PART I. DEATH WAS CAUSED	BY:	100 Puls	120 2 44	. и	art	BETWEEN ONSET AND DEATH
73		958 3MMEDIATI	C/1002 (0/ <u>c</u>		MUNISTO	MYV	(1)	
1		Conditions if any bid	DUE TO, OR AS A CON		1 21	11-56		
J		Conditions, if any, which gave rise to immediate	(b) ~ Cas	te Onie	0 V.K.	V 6.0		
	12	couse (0), stating the underlying cause lost.	DUE TO, OR AS A CON		21.	Tail	oby Werdose	
		PART 2 OTHER SIGNIFICANT C					AL DISEASE OR CONDITION GIVE	CALINI DARY 1
	Z	TAKT 2 OTHER SIGNIFICANT C	ONDINONS CONTRIBUTION	IO TO DEATH BOT	NOT KELATED I	O THE TERMIN	NAL DISEASE OR CONDITION GIVE	IN IN PART ITO
_	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR V	WHICH OPERATIO	N WAS PERFORA	MED		, WERE FINDINGS USED
)	IFIC							YING CAUSES OF DEATH?
7	ER	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c HOW INJU	IRY OCCURRE	D (ENTER NATURE OF INJURY IN ITEM TE PA	
9		OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. MONT					
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED	21e PLACE OF INJURY	19	21f LOCATION			
	ME	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY,	OFFICE, FARM, ETC)	STREET		CITY OR TOWN	COUNTY STATE
1	3	22a.1 certify that (I) (this hospit	al) attended the deceased	from 7	/31	19 57	to 2/3/	19 67 that (I) (we) lost
1		saw the deceased alive on	2/3/	-11-17	nd that in (my) (a	ur) opinian de	oth accurred on the date and hour	,,,
1		above, (I) (we) (did) (did not 22b. SIGNATURE	view the body after death.	-	DEGREE	NE III		22c DATE SIGNED
		Ju Bu	ontera,	ui)		ENDING	MEDICAL STAFF	7/31/82
		22d. PHYSICIAN'S NAME (TYPE OR			220 ADDRESS	YSICIAN [DIRECTOR PHYSICIAN	110101
		Miguel F	rontera		uma.	Hosp.	22 S. Greene St, 1	Bull MD
-	22- 0	URIAL, CREMATION, REMOVAL		122. NIA445.05.0		0 -	23d LOCATION	
	230 B	Burial	23b. DATE 8/4/87		EMETERY OR CR		CITY OR TOWN	COUNTY STATE
	_	INERALDIRECTOR	0/4/0/	morela	nd Mem		Bal REC'D. BY REGISTRAR 256 REGISTR	timore Md/
	44 FU	ATTENDED IN COLOR		made.		ZJO. DATE	NEC D. DI REGISTRARIZIO REGISTA	KAK 2 SIGNATURE

73-1: 6 1 11 1

5			FOR STATE REGISTRAR	DI	PARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	SIENE 8 7	19	8 1 0
059	982 Ju	2	ORPRINTI Rober	M .	Layto	n n		MONTH DAY	1987 7 00 M
E E	gother de	3. SE	Male	COAITE	S. DATE C	DE BIRTH YEAR 12 1919	6. AGE LIN YEARS LAST BIRT	YRS	DER TYEAR IF UNDER 24 HRS. HS DATS HOURS MIN.
2	unerol dir	T	RTHPLACE ISTATE OR FOREIGN COUNTRY) INGINIA	76. CITIZEN OF WHAT COU	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	1-0	ALTO C	DEATH C) ty MD
201	by the filled with	.7	SALTIMAE	11. NAME OF HOSPITAL,	SCOTT KE	OR OTHER INSTITUTION WEDICAL CATE	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	E WORKING LIFE! IN	NOWATOL
BALTIMORE, MARYLAND 2120	y filled in hould be	130.	ind Bay	NTY 13c. CITY C		13d INSIDE CITY LIMITS? YES NO	13e.STREET ADDRESS /		E 21211
, MARYL	tadd 2 s		ROBOT ST	H. H. LA	Toy Jr.	15. MOTHER'S MAIDEN NA FIRST EMMA	MIDDLE		Serra
TIMORE	Pupr Pupr le medico			RMED FORCES? IVE WAR OR DATES) 231	-Ol-573	17 INFORMANT PAUL HART	SOCK LEON		RUCK KUN'I
	g physic conpope removol.	9	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS) IMMEDIA	nly one couse per line for (o), ED BY: TE CAUSE (o)	Credeto	y Collaps			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
RESTON deoth c	nove cort notion, or troumatic		Conditions, if ony, which gove rise to immediate	DUE TO, OR AS A COM	SEPS	5			1 day
S thot the	ed by the bleose rei riol, crem or other		couse (a), stating the underlying couse lost.	107	PANCRGA	tic cancel			nlyt
ORDS, 2	een signi iit. Then iior to bu ny injury,	ATION	PART 2 OTHER SIGNIFICANT BILESY 190 DATE OF OPERATION	conditions CONTRIBUTION COSTRUCTION IN CONDITION FOR	•,		200 AUTOPSY?		RE FINDINGS USED
TAL REC	sicion. Sicion. Sicion. Sicion. Sicion. Sicion. Sicion. Sicion. Sicion.	CERTIFICATION	21g. ACCIDENT WAS UNDERLYING		REATTL	CANCER 1216 HOW INJURY OCCUR	YES NO	IN CERTIFYING	CAUSES OF DEATH?
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., NG PHYSICIAN: The low requires that the death certif	ding physis certifico buriol-tron Mentol Hy or frem 18	MEDICAL O	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19	21f LOCATION			200
DIVISI	or often the se os the colth and morked	WE	WHILE NOT WHILE AT WORK 228 certify that (I) (this hosp	(AT HOME, STREET, FACTORY,	from5	STREET 1987	city or tov	vn c	STATE STATE
R ATTEN	hospitol IRECTOR hed for u ept of He		sow the deceased alive or obove, (1) (we) (did) (did no 22b. SIGNATURE	n 7/10 ot) view the body ofter death).	nd that in (my) (our) opinion DEGREE	deoth occurred on the do		From the couses stated 22c. DATE SIGNED
SPITALO	Florined by the TO FUNERAL D should be detoc with the Stote D MPORTANT: If	N. IT	224. PHYSICIAN'S NAME (TYPE	OR PRINT)	MD	ATTENDING PHYSICIAN [MEDICAL STAF		यापुड्य
OH OT	TO FUN should be with the IMPORT		Jel M BURIAL, CREMATION, REMOVAL (SPECIFY)	ALW 23b. DATE	23c. NAME OF C	Johns Hopkin	23d LOCATION CITY OF TOWN	BALTO.	MD STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

BP_

REMOVAL
24 FUNERAL DIRECTOR
NAME STATE ANATOMY BOARD

7-14-87

COUNTY

STATE

10 05

JU 17 W. Jul William John

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death etained by the haspital or attending physician.

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottendin should be detached for use as the burial-transit permit. Then please remove cork with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or

DHMH - 16 60M 7/84

(VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND		
DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE	1

1 9 3

	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO		
	CEASED NAME FIRST	MIDDLE		AST	20 DATE OF DEATH MON	NTH DAY YEAR	26 HOUR
(TYPE	Henry Henry	John I	aWall	Sr.	July	03 1987	11 4
3. SE)	X	4 RACE	5. DATE O		6. AGE (IN YEARS LAST BIRTHDA		
	male	White	Feb	13" 1918	69	YRS MONTHS DATS	HOURS MIN
	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	B	D NEVER MARRIED	BALTIMORE CITY OR C	OUNTY OF DEATH	
	Pennsylvania	USA	WIDOWE		Baltimore	City	^
	iy or town of death Ba ltimore	11. NAME OF HOSPITAL, NURSIN STREET St. Agnes Hospi	ADDRESS)	DR OTHER INSTITUTION	120 USUAL OCCUPATION (TVPSUPOR BAREAR) Retired	dente 126. KIND INDUSTRY Unit	of Business of Brand
130 S Ma	aryland Anne	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY 13c. CITY OR TOW Linthic	VN	13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZI 105 Juniper		1090
1	THER'S NAME FIRST	MIDDLE LAST LaWall		IS MOTHER'S MAIDEN NA/ FIRST Elizabeth	WIDDLE	Klein	AST
(Y	VAS DECEASED EVER IN U.S. AF YES NO OR UNKNOWN)	VE WAR OR DATES) 18005200		Mrs. Marie F.		Same as #13	
CERTIFICATION	couse (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CERENTA 19a DATE OF OPERATION	CONDITIONS CONTRIBUTING TO L V FARCT ON 196 CONDITION FOR WHICH	DEATH BUT	UTE, TEMP	INAL DISEASE OR CONDITI	ON GIVEN IN PART I	INGS USED
MEDICAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFETIMER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOTWHILE ATWORK	ATH HOUR A.M. MONTH D	19	21c. HOW INJURY OCCURR	YES NOLL NOTED (ENTER NATURE OF INJURY IN	YES	NO _
	sow the deceased alive or	itol) ottended the deceased from		7 - 1 19 8 7 and that in (my) (our) opinion of DEGREE	, to		, that (II (we) li e causes stated E SIGNED
	22d PHYSICIAN'S NAME (TYPE OF MICHOEL &	2 folyn B. PELCZAR.	- /	ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	-/ 7/	4/87
	BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation	July 6, 1987 Se	NAME OF C	EMETERY OR CREMATORY LY Process, In	c Cation Catonsville	, Baltimo	re, Md.
	ngleton Funeral	Hoffein ADDRESS Home Glen Burn	ie, Ma		REC'D. BY REGISTRAR 256	REGISTRAR'S-SIGNA	Radres

1111 J. 2887 S. J. W.

76

Page 4 may be

ly filled in by the funeral director, page 3 should be filed within 72 hours after death

FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

9

	REGISTRAR				REG. N		
(1YPE	GRASED NAME FIRST BRANCHA	MIDDLE	1 200		20 DATE OF DEATH	07/21/S	77
3. SEX		RACE	Is, DATE O	rence	6 AGE LIN YEARS LAST RE	RTHDAY) IF UNDER	I VEAR IF UNDER
J. 5EX	Female	Black	MONTH	22 / 1914	72	YRS.	DAYS HOURS
	RTHPLACE (STATE OR FOREIGN 7b.	CITIZEN OF WHAT COUN	TRY? B MARRIED	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DEA	ATH,
	VA	USA	WIDOWE	DINORCED [baltin	rore C	UN
-	Baltimore 111	NAME OF HOSPITAL, NU		rother institution	170 USUAL OCCUPAT		KIND OF BUSINE USTRY
13a. S	AL RESIDENCE (IF NURSING HOME OR)	TITUTION GIVE RESIDENCES	TOWN	13d. INSIDE CITY (IMITS? YES NO	13. STREET ADDRESS	ZIP CODE St.	212
14 FA	THER'S NAME UNK MID	QtE LAST		15. MOTHER'S MAIDEN NA/	AE MIDDL€		LAST
	VAS DECEASED EVER IN U.S. ARME	10000011111	SECHIPITY NO.		ADDR		
	YES, NO OWNNOWN) (IF YES, GIVE W	230 - 2	2-4876	Leron Har	ris 2717	3 E. Pr.	eston :
	18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B	Style Style	ond ich	Endrolu		0.6	APPROXIMATE INTER
	IMMEDIATE (AUSL (0)					-
		DUE TO OR 45 4 CONS	E OHENICE OF	/			, 0.
	Conditions, if any, which	DUE TO, OR AS A CONS	EQUENCE OF	PO 4 in	mobilis	ation 1	Coresto
	Conditions, if any, which gave rise to immediate cause (a), stating the	(b)	F, Co	PO 4 im	mobiliza	atro 1	longsto
		DUE TO, OR AS A CONS	F, Co	ppo + im	mobiliza	apo 1	long sta
	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONS	EQUENCE OF	OPD 4 im	mobiliza	afo A	long sto
NOI	gave rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONS	EQUENCE OF	PD 4 im	mobilize INAL DISEASE OR COM	A PO A	Long sta
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DHMH - 16 60M 7/B4 (VRA 15, 4)

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TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physical should be detacked for use as the bunol-transit permit. Then please remove carbon papers, with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, ar removal.

Wm. C. March F/H 1101 E. North Avenue

1111 24 1087 Julia Dender Radall

9 5	87	69 J	UL.	3 -	FOR STATE REGISTRAR	DE	PARTMENT OF I	E OF MARYLANI REALTH AND MEI CICATE OF DEA	NTAL HYGIE	NE	9	8	3
	moy be	page 3			EASED NAME PRINT) FIRST LE N FIRST	E C.	L E	OF BIRTH	6.	. AGE (IN YEARS LAST B	_	S 87	2b HOUR 1 O £ 1 5 M IF UNDER/ 3 HRS
4	h. Page 4	al director 2 hours of	70%		FEMALE THPLACE (STATE OR FOREIGN DUNTRY)	Black 76 CITIZEN OF WHAT COU	NTRY? 8 MARRIE	26	PRIED 9	79 BALTIMORE CITY	YRS	OF DEATH	HOURS MIN,
10	G 1/	by the funer filed within 7	19	10. cr	YORIOWN OF DEATH	1). NAME OF HOSPITAL, N. (IF NOT INSUCH FACILITY, GIV	WIDOW		RCED	BaHin 20 USUAL OCCUPA TYPE OF WORK FOR MOST		126 KIND OF	MD. F BUSINESS OR
LAND 2120	nin 24 hour	ly filled in b should be fi	3	13a S	L RESIDENCE (IF NURSING HOMEOR	ITY 13c. SITY O	E BEFORE ADMISSION) R TOWN	13d. INSIDE CITY YES NO	0 🗆	3e.STREET ADDRESS	ZIR CODE	d Ave.	21212
DRE, MARY	xecuted with	First Cond 2	00	160 W	AS DECEASED EVER IN U.S. AR/	MED FORCES? 16b SOCIA	L SECURITY NO.	13. MOTHER'S M FIRS FIRS 17 INFORMANT	//C	WIDDLE	ESS /7	BRRIA	uston
T., BALTIMO	nit ate be e	physician npapers maval.			18 CAUSE OF DEATH (Enter onl) PART I. DEATH WAS CAUSE	J20-2 ly one couse per line for (a).		Estelle	tive	Heart	Fail	BETWEEN C	AVI. 213) MATE INTERVAL DISSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	that the death cer	by the attending case remove carbo al, cremation, ar re rather traumatice			Canditians, if ony, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c)	NEM	:A					
ORDS, 20	requires	been signed rmit. Then ple prior to burio		ATION	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTION				AL DISEASE OR COM			
ITAL REC	4: The law	has t pe	~	CERTIFICATION	210. ACCIDENT WAS UNDERLYING		WHICH OPERATIO	l .		YES NO	IN CERTIFY YES		
IVISION OF V	AG PHYSICIAN	ter this certificate as the burial-transi h and Mental Hygi irked or Item 18 sh	7	MEDICAL (OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK	111	H DAY YEAR 19 OFFICE, FARM, ETC.)	211. LOCATION STREET		CITY OR T		COUNTY	STATE
	R ATTENDIN	URECTOR: At thed far use a bept. of Healt them 21 is ma			22a. I certify that (I) (this haspit saw the deceased alive an abave, (I) we) (did) (did nat 22b. SIGNATURE	713	19 87 a	nd that in (My) (au	r) apinion dec	ath accurred on the c	late and hour		
	HOSPITAL O	TO FUNERAL DI shauld be detact with the State Di IMPORTANT: #1			Minimer (5	PRINT)	· m.D	PHY 22e ADDRESS		MEDICAL STA		17/3	137
	refor				PRIAL, CREMATION, REMOVAL	23b. DATE 7 - 9 - 8 7		EMETERY OR CRE	MATORY	23d LOCATION CITY OR TOWN		COUNTY	S/Ch

DHMH - 16 60M 7/84 (VRA 15, 4)

74 FUNERAL DIRECTOR
March Funeral Home

TIO1 E. North Ave JUL 7

The Name of the State of the St State of the Manager of the Art Art & the state of the s AND SEAL THE WARREN SAIRS

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. 1	10.	0	1	
TE OF DEATH	MONTH	DAY	YEAR	2b. HOUR
	07	23	87	11:55

27	87	FOR STATE REGISTRAR			DEP			EALTH AND	MENTAL HYO	GIENE /	REG.	1 9 No.	8	1	4
		EASED NAME	FIRST		MIDDLE		L.	AS1		2a. DATE	OF DEATH	MONTH	DAY	YEAR	2b. HOUR
1	(TYPE	OR PRINT)	A1	bert	T. V	ĄŢ.	Lee					07	23	87	11:55 A
Ì	3 SEX	(4 RACE		-	DATEC	F BIRTH	2.00	6 AGE	IN YEARS LAST	BIRTHDAY)	IF UNE	DER 1 YEAR	IF UNDER 24 HRS
ı		Male		Orie	ntal	D	BNIH	DAY	YEAR 1005		00		MONIH	5 DAYS	HOURS MIN.
ŀ	7a. BI	RTHPLACE (STATE OR	FOREIGN	7b. CITIZEN OF	WHAT COUN	ITRY? 8			1905	9. BALTI	MORE CITY	OR COUN		EATH	
ı	(China		U. S	. A.				R MARRIED	Pal	timor	Cit	v.		
		TY OR TOWN OF DE	ATH	11. NAME OF	HOSPITAL, N		HOME C		DIVORCED [12a. USU	AL OCCUPA	ATION	12	b. KIND O	F BUSINESS OR
	D-	ltimoro C			CH FACILITY, GIVE			Joani +	1	Res	terau	of working	G LIFE) IN	DUSTRY	Food
		ALRESIDENCE (F NUR	SING HOME OR	OTHER INSTITUTION	nion Me			HOSPIL	.aı	1	001000			- 2	1201
	13g S	aryland	13b COUN	TY	13c. CITY OR	NWOTS			CITY LIMITS?		ET ADDRES				
		THER'S NAME	1		Balt	imor	e	YES THE	NO R'S MAIDEN NA		24 Nor	th Ch	arle	s St	reet
	14. FA	FIRST	٨	AIDDLE	Unkho	öwn		is. MOTHE	FIRST	ME	MIDDLE			Ŭ.	hknown
		VAS DECEASED EVER		MED FORCES?	16b SOCIAL	SECURIT	TY NO.	17 INFORA	TAAN	11.113	ADD	DRESS		21	030
	()	No	(IF YES, GIVE	WAR OR DATES	076-2	20-7	831	Ken+	Lee 320	Crant	rook	Road	Cock		-
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ı		PART I. DEATH V	VAS CAUSEI	D BY:	uros	4		ind pri	neumeni	٥.				5	daya
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ł	CERTIFICATION	19a DATE OF OPERA	TION	19h CONE	OITION FOR W	/HICH OI	PERATIO	N WAS PERI	FORMED	20n A	UTOPSY?	20h IF	YES WEE	RE FINDIN	NGS USED
ı	FIC			~						VEC E	1		RTIFYING		OF DEATH?
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l		OR CONTRIBUTING			.M. MONTH	H DAY	YEAR		III JOK I OCCOR	TEO TENTE	K NATURE OF IT	AJOKI IN ITEM	16 PARTIC	A PART 2)	
ı	MEDICAL	(IF EITHER NOTIFY MED			OF INJURY		19	21L LOCA	TION						
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		obove, (I) (we) (did) (did not			19	, or	id that in (m	y) (aur) opinion	death occi	urred on the	dote and	hour ond	from the	couses stated
		226. SIGNATURE	1.1				1	DEGREE	ATTENIONIO	MEDIC			7	22c. DATE	SIGNED
		ON th	right	Kerll			1	1177	PHYSICIAN [MEDIC DIRECT	OR PHY	SICIAN		7/0	13/87
		22d. PHYSICIAN'S N	AME (TYPE OF	PRINT	101			22e ADDR	ESS			-			
ı		Linda	Parkh	nurst,	M.D.			The U	Inion Me	moria	1 Hos	pital			
1		URIAL, CREMATION				23c NA	ME OF C		R CREMATORY		OCATION				
		Burial			7-87	Clare	0200	- 17277	~ C	P	rookl	un V	ince	Mos	STATE VONTE
1	24 FL	JNERAL DIRECTOR		1-2	7-07	L CY	pres	s Hill	S Cemet	TE REC'D. I	BY REGISTR.	AR 25b. REC	ISTRAR'S	SIGNAT	W YORK
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Effective of the State of the S FOR

REGISTRAR

DECEASED NAME

- STATE

(TYPE OR PRINT)

DHMH - 16 60M 7/84

(VRA 15, 4)

126 KIND OF BUSINESS OR PSUCHIATRIC AIDE 13. STREET ADDRESS / ZIP CODE BALTO, MO. VIOLET AVE. BALTYMORE, MO. 71716 ADDISON V. PINKEY 3935 DUVALL AVE. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? CITY OR TOWN and that in(my)(aur) apinian death accurred an the date and have and from the causes stated DIRECTOR PHYSICIAN 18/1987 MD, NATIONAL MAN. AKT "NUTTER FUNERAL HOMES, INC. 2501 GWVNNS FALLS PKWY, BACTO, MO, ZIZKG

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYSIENE

CERTIFICATE OF DEATH

REG. NO.

2b. HOUR

20. DATE OF DEATH & MONTH

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61339

filled in by the funeral director page 3 hours ofter death

FOR - STATE

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ENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1	REG.	10.	3	1	6
TE	OF DEATH	11001211	DAY	WE AD	Ta

						REG. 1				
	ECEASED NAME	FIRST	MIDDLE		LAST	20 DATE OF DEATH	MONTH			b. HOUR
		JAMES	ELLIS		LEE JR.		7	25	87	
3. SE	X	4	RACE	5 DATE	OF BIRTH TH DAY YEAR	6 AGE (IN YEARS LAST B	RTHDAY)	IF UNDER		OURS
	MALE		BLACK	6		45	YRS			
7a. B	IRTHPLACE (STATE (OR FOREIGN 76	CITIZEN OF WHAT CO	OUNTRY?	ED NEVER MARRIED	9 BALTIMORE CITY	OR COUN	TY OF DEA	TH	
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10 C	ITY OR TOWN OF		. NAME OF HOSPITA		OR OTHER INSTITUTION	120 USUAL OCCUPATION OF WORK FOR MOST			IND OF BUSTRY	BUSINE
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USU	AL RESIDENCE (IF NI			ENCE BEFORE ADMISSION					9,5	
130		136 COUNTY	The state of the s	LTO.	136 INSIDE CITY LIMITS?	13e STREET ADDRESS 1530 Argy1			21217	,
14. F.	MD ATHER'S NAME		DA	ILIU.	15 MOTHER'S MAIDEN NA		.C IIVC	iluc /		
	FIRST	MID		LAST	FIRST	MIDDLE			LAST	
160	James WAS DECEASED EV	ED IN II S ADAAF		Lee Sr.	Mary 17. INFORMANT	Ruth			NOL	ton
100	(YES, NO R UNKNOWN)	(IF YES, GIVE W		-38-5306	Lillian Tal			clay	Stre	eet
	LIS CAUSE OF DE	ATM (Enter enter	one couse per line for t	a) the and all a				1	APPROXIMA TWEEN ON	TE INTER
1	PART I. DEATH	WAS CAUSED B	3Y.	- 4	200 1 5 5 5				THE TAXABLE PARTY	JE! A. TO
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DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician should be detached for use as the burial-transit permit. Then please remove carbon papers. P with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

etained by the hospital or attending physician.

					STATE OF MARY
059930) JUL	20187 STATE REGISTRAR		DEPA	RTMENT OF HEALTH AND CERTIFICATE OF
		1 DECEASED NAME	FIRST	MIDDLE	LAST

STATE OF MAKILAND		
EPARTMENT OF HEALTH AND MENTAL HY	GIENE A	
CERTIFICATE OF DEATH	8 / 5000	

2	018	FOR STATE REGISTRAR			DEPAR	TMENT OF H	EALTH AND A		SIENE REG.	19	81'	7
		EASED NAME	FIRST		MIDDLE	l.	AST		20. DATE OF DEATH	MONTH D	AY YEAR	26 HOUR
	(TTPE	OR PRINT)	WILLI	AM	E.		LEE		07-1	6-87		955A
1	3. SEX	(4 RACE		S. DATE C			6. AGE (IN YEARS LAST		FUNDER I YEAR	IF UNDER 24 HRS
		m		BI	ack	MONTH O S		VEAR O9	7-9	YRS	ONTHS DAYS	HOURS MIN.
-		RTHPLACE (STATE	OR FOREIGN	b CITIZEN OF	WHAT COUNTRY	Y? 8.	D NEVER M	APPIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
>		MD	1 4	U.S	S.A.	WIDOWE		ORCED	Baltimor	e City		MD.
	10. CI	TY OR TOWN OF I	DEATH		HOSPITAL, NURS		OR OTHER INST	NOITUTION	12a USUAL OCCUP.	ATION	126 KIND O	F BUSINESS OR
		altimore		Fran	na's Suc	H Kee	1 Hosi	out call	Retired		Beth.	Steel
0	13a. S	AL RESIDENCE (IF N TATE MD	136 COUN		Baltimo	WN	13d INSIDE CI	TY LIMITS?	13e.STREET ADDRESS	s/zipcope ederal	St. 21	213
	14. FA	THER'S NAME	_	AIDDLE	LAST		15. MOTHER'S	MAIDEN NA	ME		LAS	
1		John			100		Firi		WIDDLE		Gre	
		AS DECEASED EV		NED FORCES?	166 SOCIAL SE	CURITY NO.	17 INFORMAL	VĪ	ADI	RESS		
1		No	1 1 1 2 3 . 0 1 2	WAN ON DATES!	218-05-	2392 A	Marjo	rie Kn	ight 1314	N. Linw	good Av	e. 21213
The second second	**	PART I. DEATH Conditions, if o gove rise to couse (o), ste underlying co	I WAS CAUSED IMMEDIATE ny, which immediate ofting the	DUE TO, C	DR AS A CONSEQ	Nome C PUENCE OF PHY	hanico perten:		sou'aho	'n	BETWEEN	MATE INTERVAL PASET AND DEATH
		PART 2 OTHER S	IGNIFICANT C	ONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR CO	NDITION GIVE	N IN PART 110	
	ē			tatic	Cancer		alized		state)			
	CERTIFICATION	19a. DATE OF OPE	RATION	196 COND	OIT ION FOR WHIC	CH OPERATIO	N WAS PERFOI	RMED	YES NO	206. IF YES, IN CERT IFY YES	WERE FINDIN	OF DEATH?
1	MEDICAL CE	210. ACCIDENT WAS OR CONTRIBUTING [(IF EITHER NOTIFY M	CAUSE OF DEAT	n	YAULNI PO .M. MONTH .M.	DAY YEAR	21c HOW IN.	URY OCCURE	RED (ENTER NATURE OF P	JURY IN ITEM 1B PAI	RT (OR PART 2)	
	MED	21d INJURY OCCI	WHILE WORK		OF INJURY REET, FACTORY, OFFICE	E, FARM, ETC)	211 LOCATIO STREET	N	CITY OR	TOWN	COUNTY	STATE
		obove (1) live	(I) (this hospite cosed alive an india) (did not	Ju	Ly 16 10	00	17	, 19 & 7 our) opinion (death occurred on the	date and hour		that (I) (we) last couses stated
		226. SIGNATURE	Na	my	Ch	any		TENDING HYSICIAN [AFF BICIAN	7-1	15/87
		22d PHYSICIAN'S		hang		,	22e ADDRESS		ton An	selfo, A	ND 2	1224
		URIAL, CREMATIO	N, REMOVAL	23b. DATE	236	NAME OF C	EMETERY OR C	REMATORY	23d LOCATION			

DHMH - 16 60M 7/84

(VRA 15, 4)

IMPORTANT: If them 21 is marked or Item 18 shows ony injury, or other

Burial 7-21-87

Garden of Eternal Hope Carroll Co. MD.

250 DATE REC'D BY REGISTRATE SUCCESSION AND LESSE. North Ave. 24 FUNERAL DIRECTOR
March Funeral Homes Inc. 1101 E. North Ave.

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15				DECEASED (TYPE OR PRINT)		FIRST		WIDDLE			LAST	, B	2a	DATE KNO	REG. NO.	HINON	DAY YEA	AR 26 HOU
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4	1 5	DIRECTOR. OUR FILES. 72 HOURS N STREET,		3 SEX	4 RACE		MONTH DAY	YEAR	6. AGE (IN YE	AY) MONTH		HOURS 2		DATE NOUNCED DEAD	A	ONTH	DAY YE	7:48
	AR	YOUR YOUR TON ST	16	Male 70. BIRTHPLAC	Black		8 4	14 WHAT COUL	1	RS.			0.0	ALTIMORE	CITY OR C	OHNITY	19 19 8	5 / A ^
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	90	San S	200	Balti USUAL RESIDE	NCE (IF IN NUR	SING HOME OR	OTHER INSTITUTION	Hospi	BEFORE ADMISSI	ON)								
	21201 ANY	SEA POR		13a. STATE Md.		136-COUNTY		13e. CITY Bal	or town		13d INSIDE CIT	Y LIMITS?	130 STREET 5015 S	nset St.	21215			
Ð	RE, MD.	FS 1, 2, PM 3, PND 2 S	8	14. FATHER'S I	NAME	ŊĄ	MIDDLE		LAST		15. MOTHER	R'S MAIDEN	NAME	MIDDLE			LAST	
	MO	₹ 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	1	160. WAS DEC	EASED EVER	N U.S. ARMI	ED FORCES?	16b. SO	CIAL SECURIT	Y NO.	17. INFORM			AD	DRESS			
	BALTIMORE, S AFTER DEAT	GIVE ITH R PAGE IVISIO		m		(# 165, 0116 11.	AR OR DATES!	213-1	4-5969	Section	Am Gan	rison 5	115 Sunse	t Rd.				
	STORY SHAPE	M. IN ITEM IE. IN ALONG W INSIT PERMIT.	- Manual Andrews	PAR Cor	TIDEATH Wanditions, if one rise to	AS CAUSED IMMEDIATE ny, which immediate	CAUSE (o)	rterio		otic (Cardic	vascu	ılar d	isease	2		APPROXIM BETWEEN OF	MATÉ INTERVAL NSET AND DEATH
	S, 201 W.	""PENDING" IN PEN EF MEDICAL EXAMI SED AS A BURIAL-TE HEALTH AND MENTA HEALTH AND MENTA	, in the second	lyin	g couse lost.		(c)		SEQUENCE (
	OR OR	MEDICA MEDICA AS A BU	EWA		INER SIGNIFICANT	COMPLIENS CO	INTRIBUTING TO OFAT	N ROL NOT KETY	ATED TO THE TERM	IINAL DISEASE	OR CONDITION	GIVEN IN PART	1101,					
	IAL REC	CHIEF MER CHIEF MER E USED AS T OF HEALT		19a DA	TE OF OPERA	TION	196 CONE	OITION FOR	WHICH OPER	ATION W	AS PERFORA	MED?			. LINE		20 AUTOP	
	DIVISION OF VITAL RECORDS,	W F F F F F F F F F F F F F F F F F F F			ERNAL CAUS)R		M. MONTH	DAY YEAR	21c. HC	YRULMI WC	OCCURRED	ENTER NATU	RE OF INJURY IN	ITEM 10 PART	1 OR PART 2	YES [NO 🔀
	DIVISION THIS CERT	E. WRITING THE SWARDED TO THE PAGE 3 SHOULD STATE DEPARTM	Y	WHILE AT WO	RK OCCURR	WHILE D		CTORY, FARM, E			CATION		сп	TY OR TOWN		COUNT	ſΥ	STATE
	CAL EXAMINER:	DIRECTOR: WITH THE	A makilana		resulted fram:		of the remains d	escribed obo		Autops	Hamici	de	Undetermi	nquiry, ned manner		my opini		0-87
) MEDIK	己米配品品	1	(TYPE O	IER'S NAME R PRINT)	Marga:		Korel			ADDRESS			t., B	alto.	Md.	212	01
	7	PA TA	o l	23a BURIAL, CF (SPECIFY)		MOVAL 231		23c. 1	NAME OF CE	ed a		RY	23d. LOCA	TION		COUNTY		STATE
	7/84 B	P	1	54 F10 (F5.1)	Brial		7/27/87	Mt	. Zian (enet	ery			Balti	me MI.	. 010		
4		DHMH - 17		24 FUNERAL			ADDRE	SS			2	DATE RE	C'D. BY REC	GISTRAR 25	h REGISTRA		NATURE	
	(VF	R A 15 ME (5))	Wm. C. Ma	nch F/H 4	4300 Watbas	h Ave.					11 28	3 1987	u	Superior.	ar.	P	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital ar attending physician.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	9	Ö	ì	
REG. NO				

	STATE REGISTRAR			DEI AIK	CERTIF	ICATE OF I	EATH	3" / R	EG. NO	, 0		ý.
	PASED NAME	FIRST	٨	AIDDLE	Į.	AST		20. DATE OF DE	ATH MONTH		YEAR	26 HOUR A
	ORTHINI)	Eric	J	ohn	Lei	ister	Sm		7	29	87	0414
3. SE		4.	RACE		5. DATE C		WEAR	& AGE (IN YEARS	LAST BIRTHDAY)	#F UNI	DER I YEAR	IF UNDER 24 HRS
	Male	1000	Whi	te	MONTH 2	۴	'17		70	rs.	DATE	ACIO.
	RTHPLACE (STATE	OR FOREIGN 76	CITIZEN OF	WHAT COUNTRY	Y? B	NEVER I	MAPPIED T	9 BALTIMORE	ITY OR CO	UNTY OF D	EATH	
2	Balto.	Md.	II	SA	WIDOWE		VORCED	Ci to	TOT	Balt	imor	ce MD.
10. C	TY OR TOWN OF			OSPITAL, NURS		R OTHER INS	TITUTION	12a USUAL OCC				F BUSINESS OR
E	altimor	re	- A	gnes Ho		17		Retire		Se F.	_	-Onr
USU.	AL RESIDENCE INT		HER INSTITUTION	GIVE RESIDENCE BEF	ORE ADMISSION)		ITV I IA LITCO	13e.STREET ADD				-
130.	Md.		imore	Balto	NN	YES W	NO TO	1207	Maryl	and	PI.	21229
14. FA	THER'S NAME				•		S MAIDEN NA	ME		arra	<u> </u>	61663
	FIRST	MI	DDLE	eister		D,	ertha	MI	DDIE	001	LAS	dione
16a V	Paul VAS DECEASED EV	VER IN U.S. ARME	ED FORCES?	16b SOCIAL SE	CURITY NO	17 INFORMA	Wina T	TO D L	ADDRESS E	- 40	UZ N	diers
1	YES, NO OR UNKNOWN	(#FYES, GIVE V	VAR OR DATES	218-07	7-8269	900		va P. Le		Timo		May 21
—	Yes	TATM F									APPROXI	MATE INTERVAL ONSET AND DEATH
	PART I. DEATI	H WAS CAUSED	one couse per BY:	11 1		/	4			-	BETWEEN	ONSET AND DEATH
		IMMEDIATE	CAUSE (0)	ander	w w	cen						
			DUE TO, OI	AS A CONSEC	UENCE OF	10		1	,	40 V	:11	aur.
	Conditions, if a	ony, which	(b)	Frelie	rivice	u con	dion	ujopath	4		1	
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	underlying co		DUE TO, O	AS A CONSEC	DENCE OF	. 6	redire	Carula	1 mil	ace		
	DADT 2 OTHER S	IGNINGANT CO	NIDITIONS CO	NIT DIDLITING TO	O DEATH BUT	NOT BELATER	TO THE TERM	INAL DISEASE OF	CONDITIO	N. C.IVEN IN	LDART	
Z	TART 2 OTTIER S	Tre	Claren	1 25	offen	worker .	TO THE TERM	IIIAL DISEASE OF	CONDINO	A GIA EM II.	I PART I	
CERTIFICATION	19a DATE OF OPE	RATION	196 CONDI	TION FOR WHIC	TH OPERATIO	N WAS PERFO	DRMED	200 AUTOPSY	? 20b.	IF YES, WE	RE FINDIA	NGS USED
문								YES NO	INC	ERTIFYING YES	CAUSES	OF DEATH?
ER	21a. ACCIDENT WAS	UNDERLYING	216 TIME O	FINJURY		21c HOW IN	JURY OCCURE	RED (ENTER NATURE			OR PART 21	140
		CAUSE OF DEATH		M. MONTH				1,2,1,2,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1				
MEDICAL	(IF EITHER NOTIFY I	MEDICAL EXAMINER)	21e PLACE		19	211 LOCATIO	ON.					
ME		T WHILE	(AT HOME STR	EET, FACTORY OFFIC	E, FARM ETC }	STREE		CII	Y OR TOWN	C	OUNTY	STATE
	AT WORK AT	WORK _					- 3 /		, ,,		2.1	
		t (I) (this hospito	1) oftended the	1 11	0 7	wy	_, 19	2_, 10 /00	416	, 19		that (I) (we) last
	saw the dec above, (I) (w	eosed alive an e) (did) (did nat)			A , OF	nd thot/in (my)	(our) opinion (death adjurred of	the date on	d hour and	Irom the	couses stated
	226. SIGNATURE	,		•	/.	DEGREE	- 12				22c. DATE	SIGNED
	Mes	acude	okell	ca l	(1)	•	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF			
1	22d. PHYSICIAN'S	S NAME (TYPE OF P	PRINT)			22e ADDRES						
	Aleid	ndra	ME	26/4	MD	405	Freder	ich Kol	· loto	world	1/21	1228.
23a	BURIAL, CREMATIC	ON REMOVAL	23b DATE	23	NAME OF C	EMETERY OF	CREMATORY	234 LOCATIO	N			
	(SPECIFY)	STY, REMOVAL						CITY OR TO	NWC	COL	INTY	STATE THE -E
24 5	Burial	0 -	Aug. 1	198.1	Tongo.		Tar DAT			C 1C 72 . C	0.000000	Md.
G.	Truman	schwab	515	TO DRES.	o.Nat	1.Pi	ke All	E REC'D. BY REGI	TKAK 256 R	EGISTRAR'S	SIGNAT	UKE
				#2122	9		AU	0 04 19	8/ 3	was De	moun	· Kandall

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

IMPORTANT: If hem 21 is morked or hem 18 shows ony injury, or other troumotic TO FUNERAL DIRECTOR: After this certificate has been signed by the attendin should be detached for use as the burial-transit permit. Then please remove card with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or a

FOR

061767 AUG-567

J.VL 1		FOR STATE REGISTRAR				MENT OF I	E OF MARYLA HEALTH AND N FICATE OF D	MENTAL HYG	REG. N		8 2	
2 7		CEASED NAME OR PRINT)	BARBARA		MIDDLE	LESSA	NE	1	20. DATE OF DEATH	7/10	/87	26, HOUR
	3. SE)	FEMALE	4	RACE BLAC	K	5. DATE	OF BIRTH	Ž ^E AR Ž ^O	6 AGE (IN YEARS LAST BI	RTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
· ·	M	RTHPLACE (STATE OF DE COUNTRY) TY OR TOWN OF DE		U.S.A	HOSPITAL, NURSIN	MARRIE WIDOW		ORCED	BALTIMORE CITY OF BALTIMOR	E CITY	126 KIND O	MD F BUSINESS OR
9 3	USUA	ALTIMORE		THER INSTITUTION		ADMISSION)			Unemplo	yed		
35	130. S	ID.	136 COUNT	ſΥ	BALT IM		YES T	TY LIMITS?	1257 Bro	/ ZIP CODE	21213	
S Comine		THER'S NAME FIRST	м	DDIE	Lessane		15. MOTHER'S Beat	MAIDEN NA	WE		Smith	t
medicol	13	VAS DECEASED EVE LES, NO OR UNKNOWN)		NED FORCES? WAR OR DATES)	213-54-3		17 INFORMAL Barbar	na Less	ane 926		ough St,	
y, ar ather troumatic		Canditions, if on gave rise to in couse (a), statunderlying cause PART 2 OTHER SIC	nmediate ring the se last	(c)	Pulhon	News ENCE OF Ochy	San	b.bo	IINAL DISEASE OR CON	NDITION GIV	/EN IN PART 110	
ows ony injur	CERTIFICATION	19a. DATE OF OPER	ATION	19b. COND	ITION FOR WHICH	OPERATIO	ON WAS PERFO	RMED	200 AUTOPSY? YES NO	IN CERTIF	S, WERE FINDIN FYING CAUSES	NGS USED OF DEATH?
tem 18 sh	MEDICAL CER	21a. ACCIDENT WAS UP OR CONTRIBUTING (IF EITHER NOTIFY ME	CAUSE OF DEATH	Р	.M. MONTH D.	AY YEAR			RED (ENTER NATURE OF INJ	URY IN ITEM 18 I	PART T OR PART 2)	
hond w	MED	WHILE NOT WAT WORK	WHILE		OF INJURY REET FACTORY OFFICE, F	ARM, ETC }	ZII LOCATIO	N	CITY OR T	NWC	COUNTY	STATE
of Healt			sed olive an_		ne deceosed from		ind that in (my)	, 19 (our) apinian	, ta death occurred on the c	date and hou		that []: (we) lost causes stated
ote Dept.		22b SIGNATURE	line for	nkin		1D	F		MEDICAL STA	AFF CIAN 🗹	22c DATE 7//	SIGNED 0/87
ould be		Jacan	eline	Ju	inkins		too N	Wolfe	S. Baltin	nu /	ud 212	105

23¢ NAME OF CEMETERY OR CREMATOR

DHMH - 16 60M 7/B4

retained by the hospital or attending physician

24 FUNERAL DIRECTOR MARCH F/H 1101 E. North Ave. (VRA 15, 4)

236. DATE

230 BURIAL CREMATION, REMOVAL

Burial

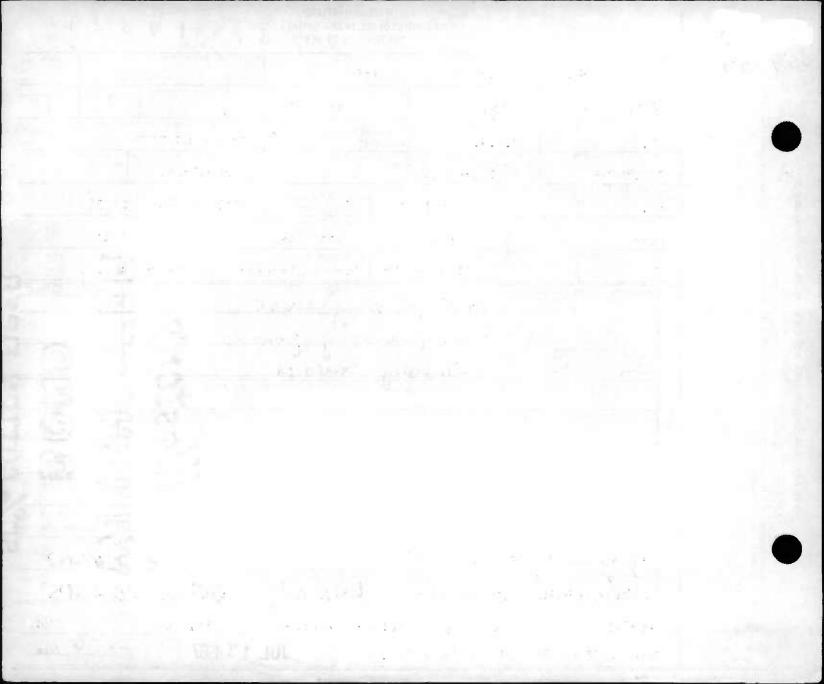
23d LOCATION
CITY OR TOWN
Baltimore Baltimore Cemetery 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

JUL 13 1987

Landows

COUNTY

Md.



STATE OF MARYLAND

11	U	EIL	2	
			63	
			25	

1	9	8	2496M
NONTH	DAY	YE AR	7h HOUR

	1 -	FOR STATE REGISTRAR		DEPART		EALTH AND MEN		IENE 8 7 REG. NO	19	8	2496	M
	(TYPE-	ASED NAME FIRST	e :	MIDDLE	2	evy		20. DATE OF DEATH MON	/3	P7	14:	49 M
	3. SEX	Female	4. RACE Coce	aeian	5. DATE C		YEAR (4	6. AGE (IN YEARS LAST BIRTHDAY	MONTHS	DAYS	HOURS	MIN.
2	C	RTHPLACE (STATE OR EOREIGN OUNTRY) ARYLAND	76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE			9. BALTIMORE CITY OR CO BALTIMORE	DUNTY OF DE	ATH		MD.
3		TY OR TOWN OF DEATH		HOSPITAL, NURSII ERSITY H	NG HOME C	OR OTHER INSTITUT	- Secured	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO HOUSEWIFE		KIND O DUSTRY THC	F BUSINES	
	13a S MA	RYLAND		GIVE RESIDENCE BEFOR 131. CITY OR TOV BALTIMOR		13d INSIDE CITY L		3102 STRATHM	ORE AV	E.	#212	15
0		THER'S NAME SAMUEL	MIDDLE	SCHWARTZ		15. MOTHER'S MA EIRST	MINN	MIDDLE	FR	IEDÊ	NBER	G
	16a W	(AS DECEASED EVER IN U.S. AR	MED FORCES? (E WAR OR DATES)	166 SOCIAL SECT 214-01-		17. INFORMANT I		T D. LEVAYORESS THMORE AVE.	#21215			
	NO	Conditions, if ony, which gave rise to immediate couse (o), stating the underlying cause last. PART 2 OTHER SIGNIFICANT ((b) DUE TO, O	RASACONSEQU	en car PENCE OF alique	e edema	<i>p</i> -	Aure Metaste INAL DISEASE OR CONDITIO		PART 116		
2	CERTIFICATION	198 DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORME	D	200 AUTOPSY? 200	CERTIFYING O	FINDIN	GS USED OF DEATH	H?
7	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (HE ETHER, NOTHY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (1) (this hospi saw the deceased alive on above, (1) (we) (did) (did no 27b. SIGNATURE 27d. PHYSICIAN'S NAME (TYPE CAUSE)	P PLACE (AT HOME STILL IN THE MENT)	M. MONTH D M. OF INJURY REEL, FACTORY, OEEICE. e deceased from after death.	EARM. ETC)	211 LOCATION STREET 11 d that in (my) (our) DEGREE ATTEN	. 87		19 19 10 10 10 10 10 10 10 10 10 10 10 10 10	rom the	that (I) (w	,
	23a. Bi	URIAL, CREMATION, REMOVAL BURIAL		23c	NAME OF C	L EMETERY OR CREM CHAIM		23d LOCATION BALTIMORE	COUN	ITY N	IARYĽ	AND

DHMH - 16 60M 7/84

BP.

IMPORTANT: If Hem 21 is marked or Item 18 shaws any injury, ar other troumatic

(VRA 15, 4)

SOL LEVINSON & BROS., INC. ERSTOWN RD. BALTO, MD 21215 6010 REISTERSTOWN RD.

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATUS

Item	#5	G	630	8/7	/87	CW

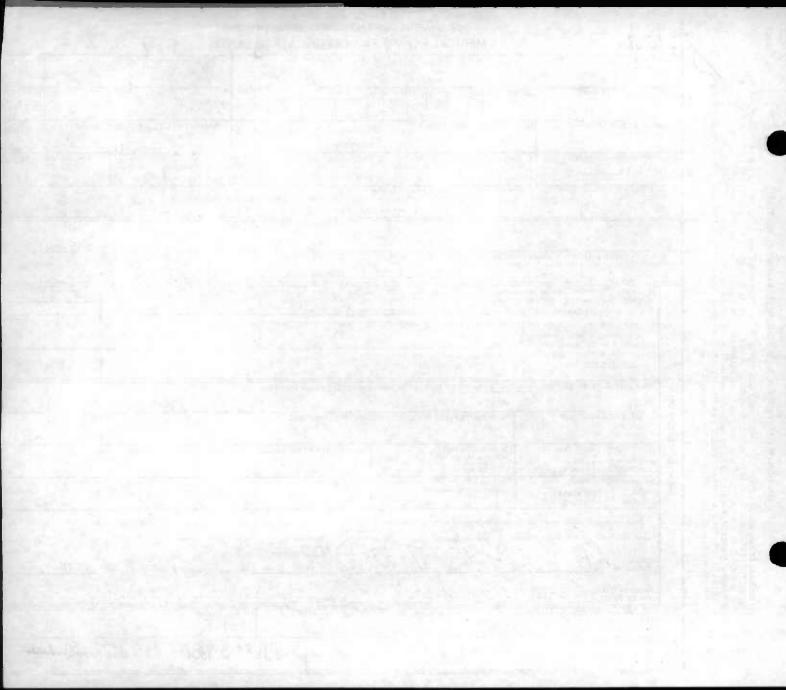
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8	7	1	9	8	2	4
No.						-

061082 JUL	29	FOR 87ATE GISTRAR		DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 1 9824 CERTIFICATE OF DEATH 8 REGINO.							
2 5		ORPRINTI HENRY		A.		ICKI	JULY 21, 19	879 PAR 25 HOUR 9.00 P			
6 9 1	3 SE	X	4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER) YEAR IF UNDER 24 HRS4			
1 2 /		Male	Whit	е	Aug		46 yrs.	DATS HOURS MIN,			
O 1 1 1 1 1 1 1	- 1	RTHPLACE (STATE ORFOREIGN COUNTRY)	76 CITIZEN OF U.S	what country?	8 MARRIE WIDOWE	D NEVER MARRIED DIVORCED	BALTIMORE CITY OR COUNTY BALTIMORE CIT	Y MD.			
		TY OR TOWN OF DEATH		HOSPITAL, NURSING HOSPITAL, NURSING HOSPITAL, NURSING HOSPITAL		HOSPITAL	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE INSPECTOR)	126. KIND OF BUSINESS OR INDUSTRUCTURE Howard Dept			
Tr house and the	130. 5	AL RESIDENCE (IF NURSING HOME OF TATE 136 COUR Laware New C		GIVE RESIDENCE BEFOR 134. CITY OR TOW Wilmingt	/N	13d INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP CODE 4510 Sandy Drive	99999			
	13. F	THER'S NAME Frank	MIDDLE	Lewicki		15. MOTHER'S MAIDEN NA FIRST Josephi	ne	Zambrzycki			
	160 V		MED FORCES? VE WAR OR DATES)	221-24-7		17 INFORMANT Delores Lew	icki same as 13				
F. BA		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA	nly one couse per D BY: TE CAUSE (o)	CANDIO		novary AR	nest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Sainutes			
ontraffic		Conditions, if ony, which	DUE TO, C	RAS A CONSEQU				5days			
that the by the cose remo		gove rise to immediate couse 101, stating the underlying couse last.	DUE TO, C	RASA CONSEQU		Tyelogenous L	-eukemia	1 year			
equires to signed Then ple	Z O	PART 2. OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVE	EN IN PART 110			
TAL RECO	CERTIFICATION	19a. DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	IN CERTIF	WERE FINDINGS USED YING CAUSES OF DEATH?			
ON OF VITAL 1YSICIAN: The ding physicion is cerrificate h buriol-transit p Mental Hygies		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A	DE INJURY .M. MONTH D .M.	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	ART 1 OR PART 2)			
DIVISION OF VITAL RECONDING PHYSICIAN: The low restriction or ottending physicion. The transfer his certificate has been east the buriol-transit permit. Solth and Memal Hygiene prior marked or Item 18 shows any marked or Item 18 shows any	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY REET, FACTORY, OFFICE,		211 LOCATION STREET	CITY OR TOWN	COUNTY STATE			
TTENDIN spital or CTOR. Aft for use o of Health		17s.1 certify that (I) this hosp saw the descared alive or above, (I) (ap) (dip) (did no	July ?	10	0-7 1	nd that in (my) (Cur) opinion	to July 21 deoth occurred on the date and hour	ond from the couses stated			
'AL OR A the hor tAL DIREG detoched ofe Dept		THE SIGNATURE SLAT	45				MEDICAL STAFF DIRECTOR PHYSICIAN	7/21/87			
TO HOSPITA etoined by TO FUNER should be d with the Sto		PATRICK +	PRPRINT)			Johns Hopk	ns Hospital, BAI	timore MD			
CARAGA	23a. E	SURIAL, CREMATION, REMOVAL				EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE			
999BP-77		Burial	7/25/	87 A1	l Sai	nts Cemetery		Castle Del.			
DHMH - 16 60M 7/84	24. FI	JNERAL DIRECTOR	117.4	ADDRESS		1111	E REC'D. BY REGISTRAR 256 REGISTI	RAR'S SIGNATURE			
(VRA 15, 4)	Ge	orge J. Gonce 4	001 Rit	chie Hgwy	Balt	o. Md. JUL	2 1 1301				

(VR A15 ME (5))



4021201 Committee death. Page 4 may be 600 mind in by the funeral director, page 3 800 mind in by the funeral director, page 3 800 mind in by the funeral director, page 3 800 mind in 72 hours after death 600 mind in 72 hours after DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate retained by the hospital or attending physician.

STATE OF MARYLAND

STATE OF MARTLAND	
DEPARTMENT OF HEALTH AND MENTAL	HYGIEN
CERTIFICATE OF DEATH	

1.	- STATE REGISTRAR	DEPAI	CERTIFICATE O	F DEATH	8 Ag. NO.	1982
20	CONSED NAME ENST	MIDDLE	Luis)	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUL
3 SE		BACK	S DATE OF BIRTH	5 68	6. AGE (IN VEAUS LAST BIRTHDAY)	FUNDER I YEAR FUNDER
0	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTR	MARRIED NEVI	R MARRIED DIVORCED	BALTIMORE CITY OR COL	unty of DEATH
10 C	BALTIMORE	11. NAME OF HOSPITAL, NUR (IF NOT INSIGHIFACILITY, GIVE STR		NSTITUTION	12 R USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK	INDUSTRY
130	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUN MD.	ROTHER INSTITUTION, GIVE RESIDENCE BEI	O. YES X		13a. STREET ADDRESS 3313 POPLA	R ST 2/21
	FIRST	MIDDLE LAST		FIRST	WIDDLE	LAST
	WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIVI NO	E WAR OR DATES)	ECURITY NO. 17 INFOR $22-1537A$		ADDRESS Y MEDICAL C	ENTER
NO	gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A CONSECUTION OF THE CONDITIONS CONTRIBUTING TO	100	TED TO THE TERMI	NAL DISEASE OR CONDITION	N GIVEN IN PART 1101
TIFICATION	190 DATE OF OPERATION	1%. CONDITION FOR WHI	CH OPERATION WAS PER	FORMED	20R AUTOPSY? 200.	IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEAT YES NO
CAL CERTIFIE	? (a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR 19		ED (ENTER NATURE OF INJURY IN ITE	M 18, PART 1 OR PART 2)
MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21R PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	CE, FARM, ETC.) 211 LOCA STRI		CITY OR TOWN	COUNTY STA
	saw the deceased alive an	tal) attended the deceased from	X 1			192, that (I) (w d hour and fram the causes sta 22c DATE SIGNED
	224. PHYSICIAN'S NAME	West f	770 ADDI	- Logo	MEDICAL STAFF DIRECTOR PHYSICIAN [Pice Ecma
23a 8	BURIAL, CREMATION, REMOVAL SPECIFY) REMOVAL	7-12-87	RE NAME OF CEMETERY C	OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STA

DHMH-16 25M (VRA 15, 4) 1/79

BP.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial should be detached for use as the burial-transit permit. Then please remove carbon papers. Pwith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

24 FUNERAL DIRECTOR

ADDRESS

756, DATE REC'D. BY REGISTRAR 756 REGISTRAR'S SIGNATURE

17 887 July 500 7 1 JUL

06053

poge 30

the funeral director, p d within 72 hours offer

STATE OF MARYLAND

DEPARTMENT	OF	HEALTH	AND	MENTAL	HYGIENE
CE	RTI	FICATE	OF	DEATH	

1 - STATE	DEPARIMENT OF	HEALIN AND MENIAL HIGH	ENE		
REGISTRAR	CERTI	FICATE OF DEATH	8 / REG. NO	100	
I. UTCEASED NAME FIRST	MIDDLE	LAST		MONTH DAY YEAR	50
(TYPE OR PRINT) GEORGE	= 12-lev 1	EWIS	0	7 19 81	7 2.474
CTEORY	E HERRY L			1 /10/	Z A M
3. SEX			6 AGE (IN YEARS LAST BIRTI	MONTHS DAY	
Male	Black Oi	-09-16	71	YRS.	NOURS MIN.
70. BIRTHPLACE (STATE OR FOREIGN 7	& CITIZEN OF WHAT COUNTRY?	ED NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY OF DEATH	
Balto Mid.	USA WIDOW	VED DIVORCED	Balz	timure C	
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME (IENOT IN SUCH FACILIEY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPATIO	ON 126 KIND WORKING LIFE) INDUSTR	OF BUSINESS OR
CiTY	Bun Seamily	+tospital	1 no stale	4100	, ,
MISUAL RESIDENCE (IF NURSING HOME OF C	THER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION	13091121	Constitut	7100	710
130 STATE 136 COUNT	TY 13c. CITY OR, TOWN .	13d. INSIDE CITY LIMITS?	13. STREET ADDRESS	ZIP CODE	Fort 15
14 FATHER'S NAME	Baltimure	15 MOTHER'S MAIDEN NAM	NF.	011.00	1 101110
	NIDDLE 1 LAST .	FIRST *	MIDDLE	Mar	AST /
George	Lewis	Carrie		Marsi	hall
160 WAS DECEASED EVER IN U.S. ARM		17 INFORMANT	ADDRE:	SS .	
(YES, NO OR UNKNOWN) (15 YES GIVE	-1946 218-03-3431	Alverta Lo	erkins 2	910 Raster	stown K
18 CAUSE OF DEATH (Enter only	y ane couse per line far (a), (b), and (c)	N THE THE		BETWEE	OXIMATE INTERVAL EN ONSET AND DEATH
PART I. DEATH WAS CAUSED		Myocardias	? INFARC	· tion	
IMMEDIATE	CAUSE (a)			24264 0	Disease
	DUE TO, OR AS A CONSEQUENCE OF	ARTERIOSCULA	otic Carp	ovascukar	DISKASA
Canditions, if any, which	(b) CEREBRAL	Vascular D	islase		
gave rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUENCE OF				
underlying couse lost	DOE TO, OK AS A CONSEGUENCE OF				
	(c)				
	ONDITIONS CONTRIBUTING TO DEATH BU	II NOT RELATED TO THE TERMI	NAL DISEASE OR COND	ITION GIVEN IN PART	Ira
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING					
S 190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	ON WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINE IN CERTIFYING CAUS	
			YES T NOT	YES 🗆	NO [
21a ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c HOW INJURY OCCURR		Y IN ITEM IS PART LORPART 7	2)
OR COLUMNIAN OF CALLER OF DEAL	HOUR AM MONITH DAY YEAR		LD (Entertainment or moon		
(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 19				
G CONTRIBUTING CAUSE OF DEAT	21e PLACE OF INJURY	21f LOCATION	CITY OR TOV	vn COUNTY	STATE
WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	07/0		10	
AT WORK AI WORK		10/01 27		17 87	
	al) ottended the deceased from	190	, 10	19	_, that (I: (we) last
sow the deceased alive an obove, (1) (we) (did) (did not		and that in (my) (our) apinion d	eath accurred an the da	te and haur and from t	he couses stated
22b. SIGNATURE	1	DEGREE		22c. DA	TE SIGNED
Knang yen	Huenel na	ATTENDING	MEDICAL STAF		7/01
KNUW	101.	PHYSICIAN	PIRECTOR PHYSIC	AN	119/-

230. BURIAL, CREMATION,

7-2

ON

BP. DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, grematibrs, or removal. IMPORTANT: If them 21 is marked ar them 18 shaws any injury, ar other traumotic event, the

etained by the haspital or attending physician

22e ADDRESS

THE STATE OF THE S

151	JA JUL	-p.	FOR STATE REGISTRAR		DEPAR	TMENT OF H	OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE REG. NO	9 8	2	3
)58			CEASED NAME	LOUIS	JAM	ES/	LIBERTINI	20. DATE OF DEATH	MONTH / DAY	5 YEAR 87	26 HOUR 1915M
r .	director, page	3. SE.	ALE RTHPLACE (STATE ORF)		whe EN OF WHAT COUNTRY	5. DATE C	Y 7, 1925	6. AGE (IN YEARS LAST BIR 61 9. BALTIMORE CITY O	YRS		IF UNDER 24 HRS. HOURS MIN.
	un 72 h	M	ARYLAND	Ţ	U.S.A.	WIDOWE		BALTIM	ORE CIT	Y	MD
= 17	by the full with	В	TY OR TOWN OF DEA ALTIMORE	ST	. AGNES HOS	PITAL	DR OTHER INSTITUTION	(TYPE OF WORK FOR MOST OF OWNER	F WORKING LIFE)	126 KIND OF INDUSTRY GAS ST.	BUSINESS OR ATION
ND 212	filled in by ould be fill	13a. S	ARYLAND	NG HOME OR OTHER INST 13b COUNTY BALTIMON	134. CITY OR TO	NWN	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS A		LE	21207
, MARYLA	completely 19 showing		THER'S NAME FIRST MICHAE VAS DECEASED EVER			ERTINI	15 MOTHER'S MAIDEN N FIRST MARY	MIDDLE		LIBERT	TNI
BALTIMORE	Poges	1	YES NO OR UNKNOWN)	(IF YES GIVE WAR OR D				LIBERTINI		AS #	13
W. PRESTON ST.,	s not the decorrecting belongs remined bless remined continues and continues of the continu		Conditions, if ony, gave rise to imm couse (o), statin underlying cause	which bediote gother lost.	E TO, OR AS A CONSEC (b)	DUENCE OF	infortuni				
DIVISION OF VITAL RECORDS, 201	N: The law require systion. cote has been signions permit. Then progress prior to but 8 shows ony injury.	CERTIFICATION	190 DATE OF OPERAT	19b	CONDITION FOR WHI	CH OPERATIO		200 AUTOPSY? YES NO	20b. IF YES, V IN CERTIFYIT YES	VERE FINDING NG CAUSES C	
IVISION OF V	ord physicians: other this certification of the buriol-trail th and Mental Hy arked or tem 18	MEDICAL	OR CONTRIBUTING CHEETHER NOTIFY MEDIC	CAL EXAMINER) RED 21e (ATH	PLACE OF INJURY HOME, STREET, FACTORY, OFFICE	19	21f LOCATION STREET	CITY OR TO) WN	COUNTY	STATE
	tok Allendi he hospitol oi DIRECTOR. A toched for use Dept of Heol if Item 21 is m		saw the decease		nded the deceosed from 19 ne body after death.	0	182	MEDICAL STA	EF _		
	eroined by 1 TO FUNERAL should be de with the Stati		22d. PHYSICIAN'S NA		inozu			AVENUE, BALT		MD.	

DHMH - 16 60M 7/84

(VRA 15, 4)

BURIAL 7/10/87 24 FUNERAL DIRECTOR
LEROYAEM. & RUSSELL C. WITZKEADFUNERAL HOMES P.A.
1630 EDMONDSON AVENUE, CATONSVILLE, MD. 21228

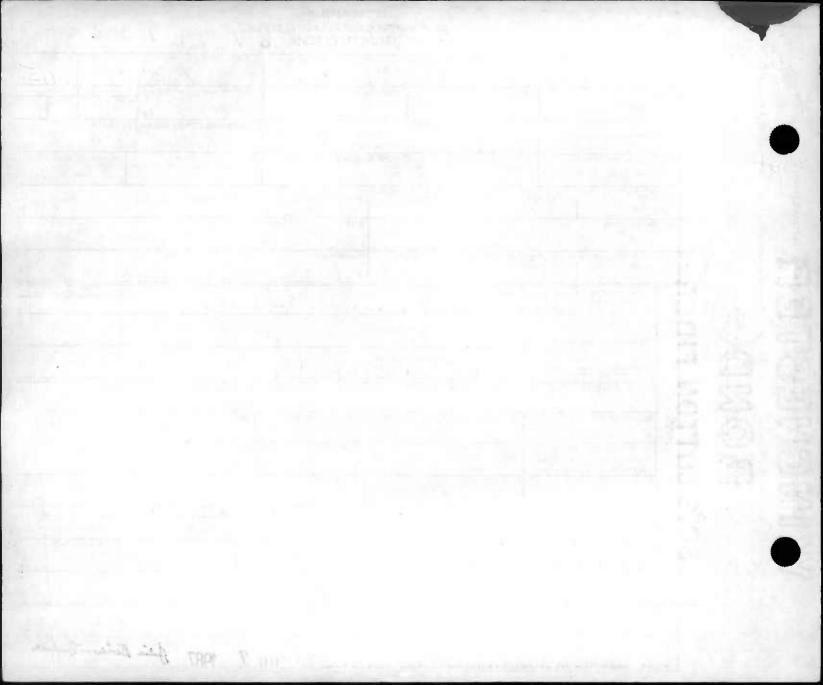
23b. DATE

230 BURIAL, CREMATION, REMOVAL

23c. NAME OF CEMETERY OR CREMATORY MARYLAND VETERANS

23d. LOCATION GARRISON EOREST OWINGS MILLS MARYLAND

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE



death o

OR ATTENDING PHYSICIAN: The low

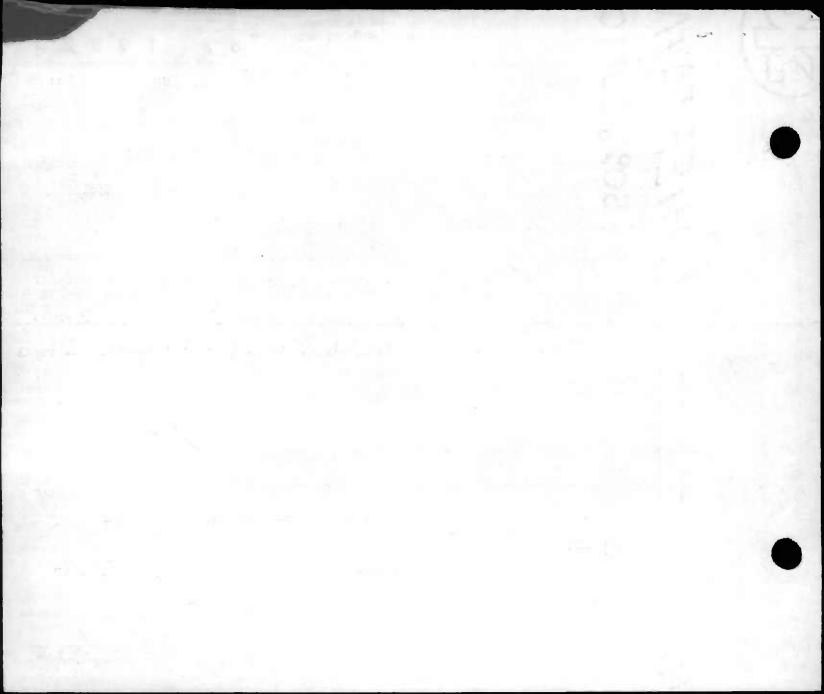
STATE OF MARYLAND

1	
/	
DEC	NO

1					STAT	E OF MARYLAND				
FOR STATE REGISTRAR				DEPART		EALTH AND MENTAL HYG	SIENE 8 7	1	98	29
Jul		CEASED NAME EIRST		WIDDIE	ı	AST .	2a DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR
	{ TYPE	ANNA	1		LIBE	RTO	JULY 5,	1987	7.7	12:45
	3. SE	х	4. RACE		5. DATE C		6. AGE (IN YEARS LAST B		UNDER I YEAR	IF UNDER 24 HRS
		Female	White		3-15	5-1911	76	YRS.	, tins bats	Mar.
1	7a. BI	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8	D X NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY C	F DEATH	
6	Lo	uisiana	U.S.A.		WIDOWE	DIVORCED	BALTIMO	RE CIT		ME
		BALTIMORE				HOSPITAL	(TYPE OF WORK FOR MOST	OF WORKING LIFE)	12b. KIND OF INDUSTRY Reti:	BUSINESS OR
st pe		AL RESIDENCE (IF NURSING HOME STATE 13b, COL		GIVE RESIDENCE BEFORE		1134 INSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIP CODE		
E		MD.	Property Co. St. Co. Co. Co. Co. Co. Co. Co. Co. Co. Co	Baltimo		YES 📉 NO 🗌	3700 Ri	dgecrof	t Road	-21206
a u	14_FA	ATHER'S NAME FIRST	WIDDLE	LAST		15. MOTHER'S MAIDEN NA	MIDDLE		LAST	
exo		Pedro D'Ann					D'Angelo			
o j		WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, O	RMED FORCES? GIVE WAR OR DATES)	166 SOCIAL SECL		17 INFORMANT	11221		danara	f+ Pd
e med		No		218-05-	1419	Charles T. Li	Lberto Sr	3/00 K1		
t, t		18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAUS	only one couse per SED BY:	r line for (o), (b), on	id (c).1		1		BETWEEN OF	NSET AND DEATH
> >		IMMEDI	ATE CAUSE (0)	Candi	opul	monan C	ines		/	warz
injury, or other troumo	7	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT	DUE TO, O	ONTRIBUTING TO		NOT RELATED TO THE TERM	LINAL DISEASE OR COM	NDITION GIVEN	N IN PART 110	Z_ INMAY
Ond O	CERTIFICATION	19a DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	106. IF YES, IN CERTIFY	WERE FINDING	GS USED OF DEATH?
marked or Item 18 shaws		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	EATH HOUR A.	OF INJURY M. MONTH D.	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN)	URY IN ITEM 18 PAR	TI OR PART 2)	
rkedor	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OEEKCE, F	FARM, ETC)	211. LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
<u>w</u>		220.1 certify that (1) this has sow the deceased alive a above/(1) we/(dia) (did			7/	nd that in (my) (our) opinion	death accurred on the c	date and hour o	-0-1	hat [II (we) last auses stated
T; If Item		22b. SIGNATURE	Shi			ATTENDING PHYSICIAN [MEDICAL STA		7/4 DATE S	IGNED
MPORTANT: If Item 21		1220. PHYSICIAN'S NAME (TYPE		55E L		LOON.	Wolfe St			
<		BURIAL, CREMATION, REMOVA (SPECIFY) Burial	7-8-			emetery or crematory s of Faith Ce	m Balt	imore,M	aryland	STATE
183	24 FU	uneral director John C. Miller	, Inc	6415 Bela	ir Ro	ad-21206 25a DAT	e recid. By registral	25h REGISTR	COLOGO	Land

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the oftending physicion and should be detached for use as the burial-transit permit. Then please Temove carbon papers. Pages with the State Dept. of Health and Mental Hygiene priar to burial scremation, ar removal. IMPORTANT: If Item 21 is marked ar Item 18 shaws any injury, ar ather traumatic event, th



		Film G629 item 17	
059370 JL		FOR STATE REGISTRAR	CERTIFICATE OF DEATH 87 REG. NO. 19830
		CEASED NAME FIRST OR PRINT) JESSE	MIDDLE LIGHTNER TO DATE OF DEATH 32 HOUR SOLUTION
to por	3. SE	m	14 RACE S. DATE OF BIRTH SONTH DAY 14 PACE 15 DATE OF BIRTH AGE IN YEARS AND HELDER THE HOUSE AND HOU
Page 1 Page	7a. BI	RTHPLACE TOTALE OPPOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED
24	10 C	TY OR TOWN OF BEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12th USUAL OCCUPATION 12th KIND OF BUSINESS OF
ND 212	130. S	AL RESIDENCE IT NURSING HOME OF TATE 136 COULD	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) LIST CITY COMPANY VES DE NO CITY CHARGE ADMISSION (COMPANY) VES DE NO CITY CHARGE ADMISSION (COM
Mind	14 FA	THER'S NAME FIRST	MODIE / GHTMSTER B. MOTHER'S MAIDEN NAME MOTHER'S MAIDEN NAME
MORE, Nong control Poges 1 d		(IF YES, GIVI	RMED FORCES? 166, SOCIAL SECURITY NO. 17 INFORMANT BULLY ADDRESS 249-12-3694
i W. PRESTON BALL In the death control of the attending pabyshed as remove corbon papers, i, cremation, or removal.		PART I. DEATH WAS CAUSE	DUE TO, OR AS A CONSEQUENCE OF
201 es 1 ple uria	NO	^	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:00
he low redon. has been to permit ene prior ene prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requir other this certificate has been sig as the burial-tronsit permit. Then th and Mental Hygiene prior to b acked or Item 18 shaws any injury		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DAY YEAR
IVISION Ottendin ter this of sthe but h and Me h and Me	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET A CITY OR TOWN COUNTY STATE
TTENDI pirol or TTOR: A for use of Heol		sow the deceased alive on	poital) attended the deceased from 19 23, that (I) (we) lost in
OR he he he hor he		226. SIGNATURE	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN
HOSPIII ined by FUNER old be ORTAN		5/2JIT	ORPRINT) S JULICA FOR SECOUR FURPITAL
BP———	23a. I	URIAL, CREMATION, REMOVAL SPECIFY) remetion	1 236 DATE 7-10-87 WESTURN MEM. Park Butto COUNTY
DHMH - 16 60M 7/84 (VRA 15, 4)	24 E	WERAL DIRECTOR THE	DMPSON 1960 W. Back JUL 13 1987 JUL 13 1987

GEAPI TYE Edward Tony Secondarios Contraction Medical Committee of the Committee of th Elvin Joy Sauce Joseph Landy STATE TO SHOP AND THE LAND

061503

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	FOR T STATE T REGISTRAR	DEF		FICATE OF DEATH	REG. NO	7 8	21
1	DECEASED NAME FIRST	WIDDLE		LAST	20 DATE OF DEATH	MONTH DAY YEA	AR 2b HOUR
1	(TYPE OR PRINT)	sephine M.	Light	stein	July 27,	1987	7:27 P M
ł	3. SEX	4 RACE 5. DATE OF BIRTH		OF BIRTH	6 AGE (IN YEARS LAST BIRT	THDAY) IF UNDER 1 Y	
	Female	White	-	ist 3 ⁿ 1915	71	YRS	AYS HOURS MIN.
	76. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	75. CITIZEN OF WHAT COUP	MARRIE WIDOWI	D NEVER MARRIED DIVORCED	Baltimore CITY O		MD.
Ī	10. CITY OR TOWN OF DEATH Baltimore	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE Maryland G	URSING HOME (OR OTHER INSTITUTION	12a USUAL OCCUPATE (TYPE OF WORK FOR MOST O Housewif	F WORKING LIFET INDUS	nd of Business or TRY me Maker
I	USUAL RESIDENCE (IF NURSING HOME 136 STATE 136 CO		RTOWN	13d. INSIDE CITY LIMITS? YES XX NO	13e STREET ADDRESS / 4117 Hyde		21225
T	14 FATHER'S NAME	MIDDLE LAS	61	15 MOTHER'S MAIDEN NA	ME		1241
1	Angelo	_	eppi	France		Li	berto
t	160 WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL	L SECURITY NO.	17 INFORMANT	ADDRE		Md 21224
ı	(YES, NOOR UNKNOWN) (IF YES	GIVE WAR OR DATES) 220-0)5-2332	Angelo F. Lu	edtke Sr. 3		
ŀ	18 CALISE OF DEATH (Enter	only one couse per line for (a), (1		API	PROXIMATE INTERVAL
1		SED 8Y		rdial Infarct:	ion	BETW	PEN ONSE! AND DEATH
	Conditions, if any, which	DUE TO, OR AS A CON	SEQUENCE OF		SE	7.1	
	gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CON	SEQUENCE OF	1 1 2	= =		
		t CONDITIONS CONTRIBUTING Renal Disease	G TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN IN PAR	ti lio
	End Stage 1	196 CONDITION FOR V	WHICH OPERATIO	ON WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FILL IN CERTIFYING CAL	JSES OF DEATH?
4	710 ACCIDENT WAS UNDERLYING	71b. TIME OF INJURY		121: HOW BUILDY OCCUP	YES NO X	YES [NO 🗆
	00 500 170 170 170 170 170 170 170 170 170 1	DEATH HOUR A.M. MONTH	H DAY YEAR	21t HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	Y IN HEM 18 PART I ORPAR	1 2)
	OR CONTRIBUTING CASSES TO THE EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE AT WORK AT WORK	21e PLACE OF INJURY	OFFICE, FARM ETC.)	21f LOCATION STREET	CITY OR TO	wn COUNT	Y STATE
	sow the deceased alive	spital) attended the deceased on July 27,	07 -	nd that in XXX) (our) apinion	to July a	27, 19 <u>87</u> ate and hour and from	that (*(we) lost the couses stated
	22b. SIGNATURE	allocato		DEGREE ATTENDING PHYSICIAN [MEDICAL STAF	F / 1	28-87
	C.E. FRW	E-AUBERTO		22e ADDRESS	land General		
1	230. BURIAL, CREMATION, REMOVA	AL 236. DATE 7/30/87		cemetery or crematory	23d LOCATION CITY OR TOWN Baltimor	COUNTY	
1	24 FUNERAL DIRECTOR	4001 Ritchie		11 850 D'A'	PREGIOTREGISTRAR	256 REGISTRAR'S SIG	NATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

Transak mar (T. 3.5)

FAREL

THE TO THE

IMPORTANT: If Nem 21 is marked or Item 18 shows ony injury, or other traumatic event, the medical

DHMH - 16 60M 7/B

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

ut)	15	FOR STATE REGISTRAR		EALTH AND MENTAL HYO	REG. NO.	7854
		CEASED NAME FIRST MIDD	tE to	AST	20 DATE OF DEATH MONTH	H DAY YEAR 26 HOUR
-		Jennie.	E. Li	les	6 AGE (IN YEARS (AST BIRTADAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	3. SEX	4 RACE	5. DATE C	DAY YEAR	92	MONTHS DATS HOURS MIN.
6		RTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WH.	AT COUNTRY? 8	Der 4, 1889	9 BALTIMORE CITY OR CO	UNITY OF DEATH
1	U.S	S. II.S	MARRIE	NEVER MARRIED DIVORCED	Baltima	re MD.
0	10 CT		PITAL, NURSING HOME Q	ROTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINESS OR INDUSTRY
Ď	T	RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE	COLCUMENTS SECTION ADMISSION OF		Beginsy	
6	130. S	TATE 136 COUNTY BY		13d INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP	Edere Ave 21215
^	14. FA	THER'S NAME FIRST MIDDLE	LAST ,	15 MOTHER'S MAIDEN NA	AME	LAST
9		oseph	Thorton	Joseph!	ADDRESS	
		/AS DECEASED EVER IN U.S. ARMED FORCES? 166 ES. NO 09 UNKNOWN) (IF YES, GIVE WAR OR DATES)	SOCIAL SECURITY NO.	17 INFORMANT	1. then is	- 1 + 1 - 1 4
		19 CALISE OF DEATH (Fato, Toly Too Church Day Inc	factor the and to t	141111111111111111111111111111111111111	TROITIER 107	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		18. CAUSE OF DEATH (Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	15 Metro V	200		4 & S
			S A CONSEQUENCE OF			
	Y.	Conditions, if any, which (16) R	- 0	- 4 (mgesti	ve that Fai	Live 21 days
		gave rise to immediate cause (a), stating the underlying couse last	A CONSEQUENCE OF			
		(c)	SCOO	NOT BELLETED TO THE TER	AND DISCOS OF CONDITION	A CONTAIN AND A DATE A
П	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONT	111	NOT RELATED TO THE TERM	MIN AL DISEASE OF CONDITIO	N GIVEN IN PART TIO
7	ATIC	190 DATE OF OPERATION 19b. CONDITIO	N FOR WHICH OPERATION	N WAS PERFORMED		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
1	CERTIFICATION				YES NO	YES NO
C		210. ACCIDENT WAS UNDERLYING 216. TIME OF IN OR CONTRIBUTING CAUSE OF DEATH HOUR A.M.	MONTH DAY YEAR	21c HOW INJURY OCCUR	RRED (ENTER NATURE OF INJURY IN ITE	EM 18 PART I OR PART 2)
/	MEDICAL	LIFEITHER NOTIFY MEDICAL EXAMINER) P.M.	19	21f LOCATION		
	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK 21 HOME STREET.	FACTORY, OFFICE FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
		22a.1 certify that (1) this hospital attended the de		19 %	F, 10. 30141	, 19_5 +, that (h we) ast
		sow the deceased plive on above, (1) the (did) (did not) view the bady after		~	death accurred on the date an	d hour and from the couses stated
		10. SIGNATURE	M	ATTENDING	MEDICAL STAFF	22c. DATE SIGNED
T		22d. PHYSICIAN'S NAME ITYPE OR PRINT!	1	PHYSICIAN	DIRECTOR PHYSICIAN	2 11 2014 123
1		David A June		Libort	4 Medical	Lanter
	23a B	URIAL, CREMATION, REMOVAL 23b. DATE	23c. NAME OF C	EMETERY OR CREMATORY	V3d LOCATION CITY OF TOWN	COUNTY STATE
		Burial 7/7/87	Fasty	iew Cemetary		Md.
4	1	INERAL DIRECTOR	ADDRESS	250. DA	0 6 987 RAR 231 R	EGISTRAR'S SIGNATURE
	V 1	lm. C. March F/H 1101 E.	North Ave.	30.		

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STATE OF MARYLAND DED A DEMENT OF HEALTH AND MENTAL HYGIENE

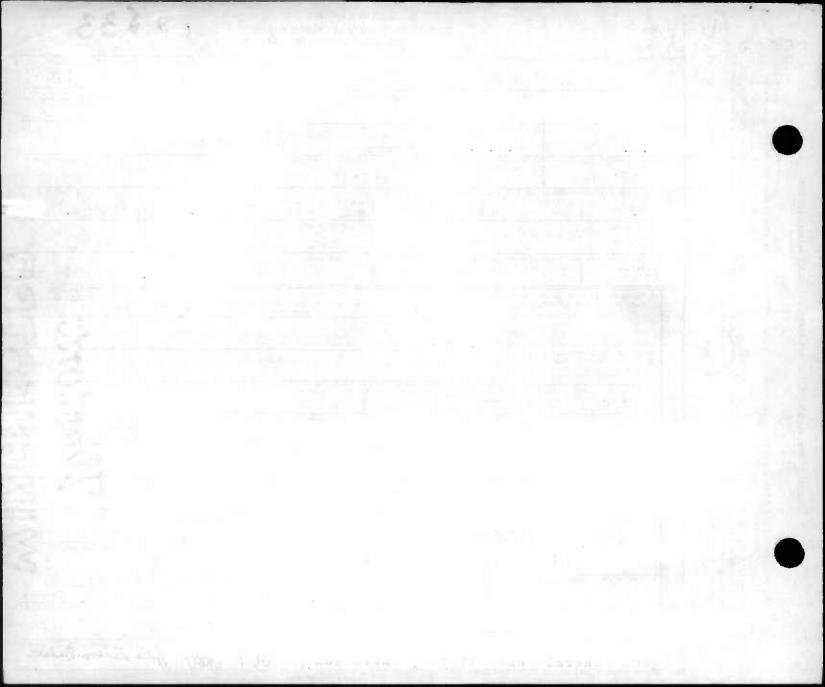
Ī	9	8	33)
			-	

	REGISTRAR			CENTINI	CATE OF DEATH	REG. I		
(14)	PECEASED NAME	FIRST	MIDDLE	LILL	IE	JULY 4		26 HOUR 1:00
3. SE	Female	4 RACE Black		5. DATE O		6 AGE (IN YEARS LAST B	YRS.	DAYS HOURS A
5///	BIRTHPLACE (STATE OR FO COUNTRY) N.C. CITY OR TOWN OF DEAT	U.S.	HOSPITAL, NURSING	WIDOWEI HOME O	R OTHER INSTITUTION	Baltim 120 USUAL OCCUPA (1YPE OF WORK FOR MOST	OF WORKING LIFE! INDL	IND OF BUSINESS
USU 13a.	Baltimore UAL RESIDENCE OF NURSIN STATE Md.		ch Home GIVE RESIDENCE BEFORE A 13c. CITY OR JOWN 1 Baltimo	DMISSION)	13d INSIDE CITY LIMITS?	Unemp1 13. STREET ADDRESS 1029 N.	ZIP CODE Central	21202 Ave.
IL F	Robert	MIDDLE	cClelum		15 MOTHER'S MAIDEN NAM	AE MIDDLE	ні	c k s
16a	WAS DECEASED EVER IN (YES, NO OR UNKNOWN) NO	N U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	166 SOCIAL SECUR 240-60-		17 INFORMANT Lester Wa	lker 10	29 N. Ce	ntral A
ATION		OESOPHAGU	S (OPER	RATEL	NOT RELATED TO THE TERM	NAL DISEASE OR CO	NDITION GIVEN IN P	ART Iro
TO 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		ION 196. CONL	DITION FOR WHICH C	PERATION	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE	
Shows	21a ACCIDENT WAS UNDE			PERATION		YES NO	IN CERTIFYING CA	AUSES OF DEATH?
d or Item 18 shows any injuried	OR CONTRIBUTING CA	ERLYING TIB. TIME (AUSE OF DEATH AL EXAMINER) ED 21e. PLACE (AT POME S	DF INJURY M. MONTH DAY M. OF INJURY	YEAR	N WAS PERFORMED 21c HOW INJURY OCCURR 211 LOCATION STREET	YES NO	IN CERTIFYING CA	AUSES OF DEATH? NO ART 2)
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WPORTANT: If them 21 is marked or them 1	OR CONTRIBUTING CALL CONTRIBUTING CALL CALL CALL CALL CALL CALL CALL CAL	ERLYING 21b. TIME (HOUR ALEXAMINER) FED 21e. PLACE (AT HOME. S. K. L.	OF INJURY M. MONTH DAY M. OF INJURY REET FACTORY OFFICE FAI the deceosed from 19 y office death.	YEAR 19 RM EIC)	211 LOCATION STREET 3 19 87 Ind that in (my) (our) opinion of DEGREE ATTENDING PHYSICIAN [22e ADDRESS CHURG 100 N. BROZ	YES NO CENTER NATURE OF IN CITY OR TO JULY Leath occurred on the DIRECTOR HYS CH HOSPITADWAY BAI	IN CERTIFYING C. YES D TOWN COU TOWN COU AFF AFF AFF 220	AUSES OF DEATH? NO ART 2) NTY STAT That (1) (we) om the causes stated DATE SIGNED
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DHMH - 16 60M 7/8 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or attending physician

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STATE OF MARYLAND

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DHMH - 16 50M 1/B1 (VRA 15, 4)

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ARYLAND 21201 within 24 hours of a should be file of the should be	US 130
MORE, M	16a
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or otherdring physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriot-transit permit. Then please remove carbon papers. Page 1 and 2 should be filed within 72 hours after death with the State Dept of Health and Mental Hygiene prior to buriot, cremotion, at removal. IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medicalescommer must be notified at once?	MEDICAL CERTIFICATION
5 € 5 € 3 €	230

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE /

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		FOR STATE REGISTRAR		F HEALTH AND MENTAL HYG	REG. NO.	3 35
				HICUM TE OF BIRTH		PAY YEAR 25 HOUR ME STORY OF STORY ME S
3	С	BALTO, MD	USA wido	RIED NEVER MARRIED WED DIVORCED	9 RALTIMORE CITY OR COUNTY Baltimore	OF DEATH City MD.
		Baltimore	NAME OF HOSPITAL, NURSING HOM (IF NOT IN SUCH FACILITY, GIVE STREM ADDRESS)	cm	120 USUAL OCCUPATION (TYPE OF WORKING LIFE RETURNED)	126 KIND OF BUSINESS OR INDUSTRY Restaurant
)	130 5	TATE 13b COUNTY	HER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION BALTIMORE	13d INSIDE CITY LIMITS? YES X NO (13e STREET ADDRESS	ERN AVE.
4		Oliver Tay	for Linthicum	Mary	Gertrude	Will
		VAS DECEASED EVER IN U.S. ARME	D FORCES? 16b. SOCIAL SECURITY NO. 217-05-558		Linthicum 6003 (
		18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED E IMMEDIATE (AL YSOTH	REST	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	(b) SMALL DUE TO, OR AS A CONSEQUENCE OF	CELL LUN	OC CANCER	
)	CERTIFICATION	PART 2 OTHER SIGNIFICANT COM	NDITIONS CONTRIBUTING TO DEATH B	Santa Land	20e AUTOPSY? 20b. IF YES	S, WERE FINDINGS USED YING CAUSES OF DEATH?
,	MEDICAL CERT	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEA P.M. 1 21e PLACE OF INJURY	21c. HOW INJURY OCCURI	RED (ENTER NATURE OF INJURY IN ITEM 18 P	
	ME	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY OFFICE FARM ETC	STREET	CITY OR TOWN	COUNTY STATE
		27a I certify that (I) (this hospital; saw the deceased alive an obove (I) (we) (did) (did not) v 27b. SIGNATURE	6 JUL 1987	DEGREE	death accurred on the date and hou	19, that (I) (we) last r and from the causes stated
			rrow ms	F. S. KTY	EMENG D	SEPT!
	(:	SPECIFY) Burial	236 DATE 236 NAME O Garder		Overlea Balto	COUNTY Md. STATE
		ineral director arles S.Zeiler &	Son Inc. 6224 Eas		EREC'D BY REGISTRAR 25b. REGIST	RAK S SIGNATURE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	1	FOR STATE REGISTRAR		CERTIFICATE OF DEATH & REG NO.						
123	97	CEASED NAME FIRS	Т	MIDDLE	L	AST	20 DATE OF DEA		DAY YEAR	26 HOUR
	TIPE	OR PRINT)		>	410	SCOOME		7 1	8 87	85 PM
	3 SEX		4 RACE	I RACE		OF BIRTH	6 AGE (IN YEARS LA		IF UNDER 1 YEAR	IF UNDER 24 HRS
						DAY YEAR	84		MONTHS DAYS	HOURS MIN.
12 10	Female 7a. BIRTHPLACE (STATE OR FOREIGN			Caucasian 76 CITIZEN OF WHAT COUNTRY?		h 4, 1903	9 BALTIMORE CI	YRS.	V OF DEATH	
Die C	(OUNTRY)				D NEVER MARRIED	1 00 . 7	DA A O C	O LA	-\/
o P	Maryland TO CITY OR TOWN OF DEATH		USA	11. NAME OF HOSPITAL, NURSIN		D DIVORCED	120 USUAL OCCU	MORE	LISK KIND OF	Y MD.
40	BALTIMORE		ST.	ST. AGNES		HOSP.		OST OF WORKING LI		
st be	USU/ 13a S	AL RESIDENCE (IF NURSING HO STATE 136 C	ME OR OTHER INSTITUTION	136 CITY OR TOV		13d. INSIDE CITY LIMITS?	13e STREET ADDR	ESS / ZIP COD	2.	1228
m	M	- 60"	altimore	Catonsvi		YES NO X	711 Maid			#3107
150		THER'S NAME	WIDDLE	ŁAST		15 MOTHER'S MAIDEN N		N. F		
50	William Zimmerman				Alice England					
100)	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECUR			JRITY NO	17 INFORMANTCALO	NFORMANTCatonsville, ADDRESS MD			#3107	
Dem	(YES, NO OR UNKNOWN) [IF YES, GIVE WAR OR DATES]			215-07-8	3617					CHoice Lr
÷ +									MATE INTERVAL DISET AND DEATH	
vent	6	18 CAUSE OF DEATH LEnter only one couse per line for 101, (b), and IC PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) UROSEPSIS 2° E. COLI								NOCT AND DEATH
or other troumof		Conditions, if ony, which gove rise to immediate couse [0], stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF (b) (NONE MY locytic leukemia DUE TO, OR AS A CONSEQUENCE OF								
y injury, o	NOIT	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 HyperCalemia, ASCVD ASCAD, CHE, GOUT								
500	CERTIFICATION	11 11 11 OF OPERATION ' 196. CONDITION FOR WHIC			OPERATIO	N WAS PERFORMED	200 AUTOPSY?	YES NO YES NO NO		
18 st	ICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE ([IF EITHER NOTIFY MEDICAL EXA	OF DEATH HOUR A	DF INJURY I.M. MONTH D I.M.	AY YEAR	21¢ HOW INJURY OCCU	JRRED (ENTER NATURE O	F INJURY IN ITEM T8	PART (OR PART 2)	
21 is morked or	MEDI	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	(AT HOME ST	OF INJURY TREET FACTORY, OFFICE,	FARM, ETC)	211 LOCATION STREET	СІТҰ	OR TOWN	COUNTY	STATE
		220.1 certify that (this hospital) attended the deceased from 15 , 19 87 , to 7/18 19 87 , that (I) (we) lost saw the deceased alive on 19 87 , and that in (we) (our) opinion death occurred on the date and hour and from the causes stated								
IMPORTANT: If Item 21 is		DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 7/8/7								
PORTA		BLAKE KUTSCHET 900 CATON AVE BALTINDOF, MD 21729								UD 21729
≥	230. BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 236 LOCATION									
_	'	SPECIFY) Burial	7-21-	·87 I.	ake Vi	ew Memorial			rroll	MD STATE
7/84	24 FUNERAL DIRECTOR - 25a DATE RECID BY REGISTRARISS SIGNATURE									
)	8728 Liberty Rd. Randallston				The state of the s				Kwamp	

DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAND

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RETMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IEN	E /	REG. N	10)	7	3	3	,	-
IAST	2.	DATE OF	DEATH	MONTH	D/	V	VEAD	26	4.1

JUL 30	87	REGISTRAR			CERTIFICA	TE OF DEATH	8 / REG. N	ol y U	91
		CEASED NAME FIRST	MIDE	DLE	LAST		20. DATE OF DEATH	MONTH DAY YE	26 HOUR
deoth deoth	1	EARL			-15	BY	C	7138	7 6
- P	3 SE	· ·	4. RACE	5	DATE OF B	RTH DAY YEAR	6. AGE (IN YEARS LAST BIR		YEAR IF UNDER 24 H
urs of		m	3	44	12	31 20	6	CYRS.	
100 PO		RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WH	HAT COUNTRY? 8.	MARRIED [NEVER MARRIED	9 BALTIMORE CITY	R COUNTY OF DEAT	Н
in Z	14	ARFORdenty	2151	7 V	VIDOWED	DIVORCED [City	
by the fu filed with	10. CI	BALLO.		ACILITY, GIVE STREET ADD		Med of	120 USUAL OCCUPAT TYPE OF WORK FOR MOST OF	F WORKING LIFE) INDUS	ND OF BUSINESS TRY
filled in could be in	13a. S	AL RESIDENCE IF NURSING HOME OF STATE 13b. COU	ROTHER INSTITUTION, GIV NTY 13	RESIDENCE BEFORE AD C. CITY OR TOWN 134 LAG	13d	ES 🔀 NO 🗌	3305 SP	ZIP CODE "	2.12
TO E	14 FA	THER'S NAME	MIDDLE	PAI	15.	MOTHER'S MAIDEN NAM	NE O		LAST
181		JAMES	4	1554		HENRIET	TA PATTER	1156	Y
Poges 1		VAS DECEASED EVER IN U.S. AI	RMED FORCES?	SOCIAL SECURIT		E) E A WIA	POHER	A:bend	EEN M.
1 1 1 m		18 CAUSE OF DEATH (Enter o	nly one couse per lin	e for (o), (b), and (o	1.1		1		PROXIMATE INTERVA
PIN		PART I. DEATH WAS CAUS	FD BY	andisp		race as	rest		
(音) 图		WW.EDW		S A CONSEQUENC					
N. T. S.		Conditions, if ony, which	(1b)	Sepsis	>				
2111		gove rise to immediate couse (a), stating the	DUE TO OR A	S A CONSEQUENC	TE OF				
of the control of the		underlying couse lost	((c)						
a plant		PART 2. OTHER SIGNIFICANT	CONDITIONS CON	TRIBUTING TO DE	ATH BUT NO	T RELATED TO THE TERMI	NAL DISEASE OR CON	DITION GIVEN IN PAR	11 110
14.6	O N	Chronic 1	cnal i	insutic	jenc	4			
prio	CERTIFICAT	190 DATE OF OPERATION	19b CONDITIO	ON FOR WHICH OF	PERATION W	AS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FIL IN CERTIFYING CAL	
shows	E		-				YES NO	YES 🗌	NO 🗌
phys fiffico ol Hy		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M.	NJURY MONTH DAY	YEAR	c. HOW INJURY OCCURRI	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PAR	T 2)
ottending fter this cer os the burio h and Ment riked or Ite	MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF LAT HOME, STREET,	INJURY , FACTORY, OFFICE, FARM		LOCATION	CITY OF TO	WN COUNT	Y STAT
CTOR: A dfor use of Heolin		22a I certify that (I) (this bosp saw the deceased alive or above, (I) (we) (did) (did no	13 Vul	Lug 19 87		not in (my) (our) opinion d	eoth occurred on the d	ote and hour and from	the couses stated
MERAL DIRE De detoche e Stote Dept TANT: If Item		226. SIGNATURE	Mali	on d	1DEG	ATTENDING PHYSICIAN	MEDICAL STA	FF / -	13/5
TO FUNERAL should be det with the Stote		226 PHYSICIAN'S NAME (TYPE)	MCA!	lawar,	MD	Francis S	ott Vey	,	
		LIDIAL CREMATION PEMONA	-	I an alle					
5 1 2 2 2		SPECIFY A PROPERTY OF THE PROP	23b. DATE	23C NA	ME OF CEME	TERY OR CREMATORY	23d LOCATION	3 1 JEOUNTY	STATE
BP			17-23	87 ST	CORT	D Fames	REC'D. BY REGISTRAR	DILLE SOUNTY	m

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eral director, page 3 72 hours ofter death STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

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	THE CHOTH IN							9 '	REG. NC					
	CEASED NAME	FIRST		MIDDLE	L	AST		20. DATE C	OF DEATH	HINOM	DAY	YEAR	2b.'HOL	JR .
1	E OR PRINT)	GEORGE		Ivan	LIT	TLE		JUL'	Y 21,	1987			3:3	1A M
3. SE	X		4 RACE		5. DATE O			6. AGE IN	YEARS LAST BIRT	HDAY)	IF UNDER	_	IF UNDER	24 HRS
	Male		White	9	9		VEAR 05	8:	1	YRS.	MONTHS	DAYS	HOURS	MIN
70. B	IRTHPLACE (STATE	OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	B.	NEVER MAR	PIED	9 BALTIM	ORE CITY OF	COUNT	Y OF DE	HTA		
	Marylan		U.S.A		WIDOWE	D DIVOR	RCED	+	MORE C					MD.
and a	ITY OR TOWN OF	DEATH	(IF NOT IN SUC	HOSPITAL, NURSIN	ADDRESS)			LIYPE OF WO	OCCUPATION MOST OF TENCE	WORKING I	LIFE) INHOL	(IND OF	BUSINE	SS OR
	ALTIMORE	1		E JOHNS H		S HOSPIT	AL	Main	tence	Der	tl. B	arr	8TT	erg.
13a.	STATE aryland	113b COUN	ITYYTI	13c CITY OR TOW Westmir	N I	136 INSIDE CITY			ADDRESS /			DA	21	1 60
_	ATHER'S NAME	10022	044	TWO OHILL	TO CCT	15 MOTHER'S MA			Syke	2411	rie .	na.	21.	15%
	Henr		MIDDLE	Litt	tle	FIRST			WIDDIE			Hof	fma	a
	WAS DECEASED EN	VER IN U.S. AR		166. SOCIAL SECU		17. INFORMANT			ADDRE:	SS				
-	(YIMAO OR UNKNOWN	(IF YES, GIV	E WAR OR DATES)	218-32-	1314	Eva B	. Li	ttle	2418 West	Syk	esv.		g B	1157
C	LA PART I. DEATH	ATH (Enter on	ly one couse per	line for (a), (b), on	d (c).)				A-11		BE	APPROXIA TWEEN O	NATE INTER	DEATH
1	PART I. DEATE		E CAUSE (o)	CAR	DIAC	ARRES-	T					80	MIN	
	0.0		DUE TO, O	R AS A CONSEQUE	ENCE OF							V		
100	Conditions, if	ony, which	(b)			ASPIRATIO	SN					12	400	R
-	cours (a), st		DUETO	R AS A CONSEQUE				1.00	Total Land					
b		use lost.	(6)		EUMOR	in						4	DAG	15
N	PARCE OTHER S	IGNIFICANT C	ONDITIONS CO	ONTRIBUTING TO			THE TERM	INAL DISEA	SE OR COND	ITION G	IVEN IN P.	AR1 Ita		
ATION		-	TORY ARE	EST RA	susci	TATED	7/1	17.						
A	19a DATE OF OPE	RATION	19b. COND	ITION FOR WHICH	OPERATION	N WAS PERFORME	ED VAL	20a AUT	OPSY?	20b. IF YE	ES, WERE	FINDIN	GS USE)
CERTIFI	7/61	87	Au	RTIC STS	Nosis				NO		ES [AUSES (NO [
	21a. ACCIDENT WAS				AY YEAR	21c. HOW INJUR	Y OC CURR	RED (ENTER N	NATURE OF INJUR	Y IN ITEM 18	PART 1 OR P	ART 2}		
MEDICAL	I FEITHER NOTHY			M.	19					120				
- Q	21d INJURY OCC	URRED	21e PLACE	OF INJURY	ARM ETC.)	21f. LOCATION	100		CITY OR TOV	VN.	cou	NIY	5	TATE
>	WHILE NO	T WHILE WORK	_ INTROME, SI	CET, FACTORY, OFFICE, F	ARM, ETC.)									
	220.1 certify that	(I) this hospit		e deceased from_	9/0	19	9 0 7	, to	1/0/	,	, 19.	Z . 1	hot (I) (we) last
	sow the dec	eased alive on	t) view the body	niter death 19_	\$7, on	d that in (my) (au	r) opinion o	death occurr	ed on the do	te and ha	our and fro	om the c	ouses sta	oted
	22b. SIGNATURE	c) (did) (did fib	I VIEW ISE DOGY	A decim.		DEGREE	-				220	DATES	IGNED	
		David	2.7	Musn			NDING SICIAN	MEDICAL	STAF			7/2	1/8	7
	22d. PHYSICIAN'S	NAME (TYPE OF	R PRINT)			22e ADDRESS		,		100				
	DAVI	0 701	HNSON			JOHN:	S HOP.	KINS A	HOSPIT	AL				
	BURIAL, CREMATIC	ON, REMOVAL	23b. DATE	23€. №	NAME OF CI	EMETERY OR CREA	MATORY	23d. LOC	ATION		COUNTY	,		TATE
	Burial		7-23		er Pa	ark Cem	eter	y Sma	llwoo	d C	arro	11	Mar	vlar
7 F	UNEXAL DIRECTOR	R	Thomas 254	D. Fle	tche	r & Son	25 DA	REC'D. BY	REGISTRAR	5h REGIS	TRAR'S S	IGNATU	JRE	-
1	al The		West	nins ter	IIMd ^S	21157	30	L 23	1987	Julia	David	wor. 7	Charles	Maria

DHMH - 16 60M 7/84 (VRA 15, 4)

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requires that the death certificate

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospitol or ottending physicion.

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STATE OF MARYLAND

	16	FOR STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG. N		8 3	3 3
		CEASED NAME	first Mabel		Litt:		AST	7/10/8	MONTH 1	DAY YEAR	26 HOUR
	3. SE		apei	C.	LILL.	5. DATE O	OF RIPTH	6. AGE (IN YEARS LAST BI		IF UNDER 1 YEAR	IF UNDER 24 HRS
19		Female	TA	E	3	nonti 12	DAY YEAR	80	YRS.	MONTHS DAYS	HOURS MIN.
17		RTHPLACE (STATE OR COUNTRY) S.C.	OREIGN	U.S.		RY? 8 MARRIE WIDOWI	D NEVER MARRIED	9. BALTIMORE CITY		OF DEATH	M
1 Total		TY OR TOWN OF DEA	ATH	11. NAME OF E	HOSPITAL, NUI	RSING HOME	OR OTHER INSTITUTION	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST Domes	OF WORKING LIF	E) INDUSTRY	F BUSINESS OF
must be	USU.	AL RESIDENCE (IF NURS	13b COUN	OTHER INSTITUTION		EFORE ADMISSION)	13d. INSIDE CITY LIMITS? YES X NO	13e STREET ADDRESS 1410 W.	/ ZIP CODE	2	1217
xomine		THER'S NAME David St	alk	MIDDLE	LAST		15. MOTHER'S MAIDEN NA Julia		Sta	alk	T
medicol	(VAS DECEASED EVER YES, NO OR UNKNOWN)		MED FORCES? E WAR OR DATES)	166 SOCIALS	ECURITY NO. 6 5927	17. INFORMANT	ADDR		212 ner Rd	
hows any injury, ar other troumatic	CERTIFICATION	Canditions, if ony gove rise to imicause (o), static underlying cause PART 2. OTHER SIG	nediote ig the lost.	DUE TO, OI (c) CONDITIONS CO	ITION FOR WH	OUENCE OF STUDENTS OF TO DEATH BUT	NOT RELATED TO THE TERM	200 AUTOPSY? YES NO	20b. IF YES IN CERTIF YE	S, WERE FINDIN YING CAUSES S	NGS USED
orked or Item 18 sl	MEDICAL CE	210. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER NOTIFY MED 216. INJURY OCCUR WHILE NOT W AT WORK AT WC	CAUSE OF DEA CALEXAMINER RED	21e. PLACE	M. MONTH	DAY YEAR 19 ICE, FARM, ETC.)	216. HOW INJURY OCCUP	CITY OR T		COUNTY	STATE
IMPORTANT: If them 21 is mo		220. I certify that (II: sow the deceos above, (I) (we) (II: 22b. SIGNATURE 22d. PHYSICIAN'S N				9	nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 22e ADDRESS	1	FF _	22c. DATE	
dW.	23a 8	BURIAL, CREMATION, (SPECIFY) Burial	REMOVAL	23b. DATE 7/16		Ring N	EMETERY OR CREMATORY	23d. LOCAMON CITY OR TOWN	- 0	COUNTY	STATE
7/84		James A.	Mort	on & s			25q. DA	JE REC'D. BY REGISTRA	256. REGIST	RAR'S SIGNATI	URE

DHMH - 16 60M 7/8 (VRA 15, 4)

Sons 1/Ul Laurens

HOUSE AND SERVICE Coursely extend the deliver actioned have here transless of the colored Charles Jethan & more and all 19-18-10 America I Brown My My Cary st. 21271 TEPL A 1 HIS

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DEPARTMENT	OF HEA	LTH AND	MENTAL	HYGIEN
CEI	DTIELC	ATE OF	DEATH	

		1-	FOR STATE REGISJRAR		DEPARTN	CERTIFICAT			IENE 7 REG. NO	0. 1	98	40
1490	JU		NEWMAI) LZ	ARRY	LITTL			20. DATE OF DEATH	MONTH 7/19	187	640 PM
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2 de 1	2			MED FORCES? VE WAR OR DATES! Orea	236.46.		llie :	J. Lit	ttle, 2829	Becko	21040 n Drive	,Edgewoo
3	A STATE	3	PART I. DEATH WAS CAUSE IMMEDIA	nly ane cause per ED BY: TE CAUSE (a)	line far (a), (b), and		ARYN	GEAL	CANCER			STAND DEATH
f by the attendings remaye can all cremation, or	r other traumotic	STATE OF	Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause last.	(b)_	R AS A CONSEQUE		-					
Then pl	injury, o	NON	PART 2. OTHER SIGNIFICANT	CONDITIONS CO		DEATH BUT NOT	RELATED TO	THE TERM	INAL DISEASE OR CON	DITION GIV	VEN IN PART 1	ia·
hos bee permit.	2	TIFICATI	8 122/86	196. COND	ITION FOR WHICH			ED	YES NOT	IN CERTI	S, WERE FIND FYING CAUSE ES	
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RECTOR ed for us pt. of fige	em 21 is s		220.1 certify that (I) (this hasp saw the deceased alive or abave, (I) (we) (did) (did no 22b. SIGNATURE	7/19/8	19	, and tha		r) apinion (death accurred on the de	ate and ha		, that (I) (we) last e causes stated E SIGNED
by the NERAL DIS	TANT. # 1	37.7	Correlia 22d. PHYSICIAN'S NAME (14PE	ORPRINTO Jav	wen MD		ATTE	ENDING ISICIAN [MEDICAL STAI DIRECTOR PHYSIC	IAN	7/	19/87
TO Pure	IMPORT	23- 0	CORNELL URIAL, CREMATION, REMOVAL		JANSE	NAME OF CEMET	Loct	RA	1236 LOCATION	40		
			SPECIFY)	230. DATE	236 1	THE OF CEMET	ENT ON CRE	MAIORI	CITY OR TOWN		COUNTY	STATE

DHMH - 16 60M 7/B4

24 FUNERAL DIRECTOR (VRA 15, 4)

July 23,1987 Sunset Mem. Park

Beckley

Raleigh W.Va.

250. DATE REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE Julia District Production

Howard K. McComas III, Abingdon, Md. 21009

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FOR STATE

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIEN	E
CERTIFICATE OF DEATH	

STATE OF MARTLAND					
RTMENT OF HEALTH AND MENTAL H	YGIENE	,	- 1	Q	2
CERTIFICATE OF DEATH	8	1	REG. NO.	1	

REG. N	1 9	Ö	6.3	1
E OF DEATH	MONTH	DAY	YEAR	26 HOUR

OCCEASED NAME FIRS								27.7		
		MIDDLE	L	AST	20. DATE OF DEATH	MONTH	DAY Y	EAR	26 HOU	R
Heler	1	Marie	I	ivering	July 27,	1987				M
3 SEX	4 RACE		5. DATE O	F BIRTH YEAR	6 AGE (IN YEARS LAST BIRT	THDAY)	IF UNDER	_	HOURS	24 HRS MIN.
Male	White			28, 1941	46	YRS.				,,,,,,
70. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 AA A DDIE S	NEVER MARRIED	9 BALTIMORE CITY O	R COUNT	Y OF DEA	TH		
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USUAL RESIDENCE (IF NURSING HO 130. STATE 136 C	ME OR OTHER INSTITUTION COUNTY	Baltimor	'N	134 INSIDE CITY LIMITS?	13e.STREET ADDRESS / 5727 Will			nue	21	214
14 FATHER'S NAME FIRST Emory	MIDOLE B.	Taylor	c	15 MOTHER'S MAIDEN NA Mildred	ME MIDDLE E	25	Н	ard:	in	
160 WAS DECEASED EVER IN U.S		166. SOCIAL SECU		17 INFORMANT	ADDRE	SS		_	2121	7
(YES, NO OR UNKNOWN) (IF YI	ES, GIVE WAR OR DATES)	220-36-9	9377	Mr. Arthur	T. Tivering.	Sr.				
Conditions, if any, which gave rise to immediate cause (a), stating the	le)									
	ANT CONDITIONS C		DEATH BUT	NOT RELATED TO THE TERM	NIMAL DISEASE OR CONI	20b. 1F Y	ES, WERE F	INDIN		
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DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed should be detached for use as the bund-transit permit. Then place with the State Dept. of Health and Mental Hygiene prior to buring

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	0 0 10	1.	REGISTRAR Film G630	8-14-87 per FH SB			REG. NO.
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5	moy be 3 ter death	{TYPE	ROBEI	+ Elwood	Loh	MEYER	7
1	e p	3. SEX	(4 RACE	5. DATE O		6. AGE (IN YEARS LAST BIRTHOAY)
	s of s		nale	Caucasian	монтн	4 25	62 YRS.
	death. Pog uneral dire		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIE[NEVER MARRIED	9 BALTIMORE CITY OR COUNT
	de on the contract of the cont		Maryland	USA	WIDOWE	D DIVORCED	Baltimore city
		-	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	T_DDRESS)	ROTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L
20	5 G# #	-				ung + Del ward	
BALTIMORE, MARYLAND 21201	certificate be executed within 24 hours after ing physician and completely filled in by the banapaers. Pages 1 kmg 2 should be filed wit removal.		TATE 13b. COUN	TOTHER INSTITUTION, GIVE RESIDENCE BEFOR		13d INSIDE CITY LIMITS?	2801 Montebello Ten 13e STREET ADDRESS / ZIP COD
4	ii sho	14.54		TOCHT BALTO.		YES 🛛 NO	2801 Belmo
IARY	exomin Coming	14. FA	THER'S NAME FIRST	MIOOLE LAST		15. MOTHER'S MAIDEN NA	WIDOIE
≥	ě 6 - 6 -	77 14	William Towns and the Control of the	Stuart Lohmeyer		Angela	A DDDECC
ORE	Poges		VAS DECEASED EVER IN U.S. AR	E 1111 A DA D 1 1 1 1 1 1 1 1 1 1 1 1 1 1		17 INFORMANT	ADDRESS
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80	s physici an popel emovol.		PART I. DEATH WAS CAUSE	DBY.		. 1021	
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Z	or borb			DUE TO, OR AS A CONSEQU	IENCE OF		
STC	deoth ottend ove co		Canditions, if any, which	6	2,102 01		
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>	of the deoth co		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQU	ENCE OF		
-			anderlying cause last.	(tc)			
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RDS	requir Then injury	O	Metastatio	Lung Carker			
0	s been sprior prior	AT	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION	WAS PERFORMED	200 AUTOPSY? 20b. IF YE
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	- v a a w	CERTIFICATION	7/3/87	Diagnostic &	Biopsy	to eval, Can	YES NO NO Y
¥ E	PHYSICIAN: The Ic ending physicion. this certificate has te buriol-transit per ad Mental Hygiene d or item 18 shaws	ER	21a. ACCIDENT WAS UNDERLYING			1495	RED (ENTER NATURE OF INJURY IN ITEM 18.
F >	3 0 TTO E		OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH D	AY YEAR		
Z	HYSICIA nding ph nding ph nis certif buriol-ti I Mentol or Item	O.	(IF EITHER NOTIFY MEDICAL EXAMINER		19		
0	PHYSIC ending this cer buriond Ment don't ter	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, I	EARL ETC)	211 LOCATION STREET	CITY OR TOWN
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	Z T S S S S S S S S S S S S S S S S S S		saw the deceased alive an		87 00	d that in (my) (our) agusian	death accurred an the date and ho
	R ATTER hospita IRECTOR hed for ept. of H		abave, (I) (we) (did) (did no	t) view the bady after death.			dean accorred an me date and not
	OR A birection of the bose oched Dept		226 SIGNATURE	,		DEGREE	
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	SPIT,		22d. PHYSICIAN'S NAME (TYPE O	DR PRINT)		22e ADDRESS	
	HOS HOS		KERSTIN	L. Gill		Sinai Hosp	o. of Balt. Green
15-	ota Ota Sho With With With With With With With With	23a B	URIAL, CREMATION, REMOVAL		NAME OF CE	METERY OR CREMATORY	23d. LOCATION
	BP		rial REMOVAL	7-9-87 ³⁻⁸⁷ MD	Vatara	na Comohou	Beulah, Dorchest
		DO	IN THE PROPERTY	I J J G T	velera	ns Cemetery	bediall, buildiest

Items, 1,7a,7b,8,9,13d,13e,14,15,16a,16b,17 STATE OF MARYLAND
FOR 23a,23b,23c,23d and 24

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DELTAIR

2b. HOUR 245 MM IF UNDER I YEAR IF UNDER 24 HRS Y OF DEATH 126 KIND OF BUSINESS OR IFE) INDUSTRY T1222 LAST Mullin Berlin MD 21811 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH VEN IN PART Ita S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES 🗌 NO [PART 1 OR PART 2) COUNTY STATE 19. 87 , that (I) (we) last ur and from the causes stated 22c. DATE SIGNED STATE 250. DANI PECT BARE BER 24 COLOR 24 FUNERAL DIRECTOR HMH - 16 60M 7/84 Zeller Funeral Home (VRA 15, 4) STATE ANATOMY BOARD East Market, MD

CERTIFICATE OF DEATH

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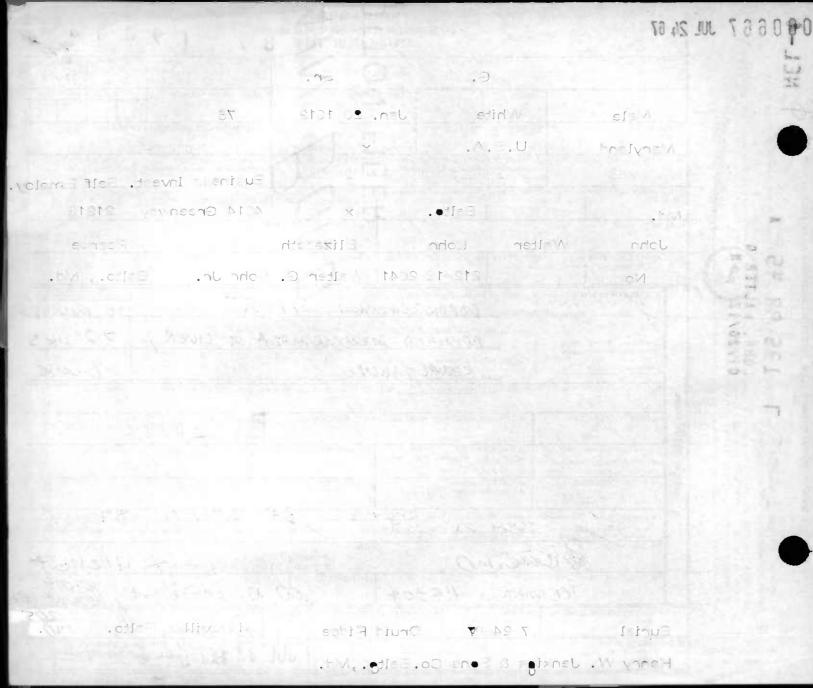
		ST	ATE	OF	M	ARY	LAND
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR				CERTIF	ICATE O	F DEATH	8 /	REG. NO.	7 0		~
I. DECEASED NAME	FIRST		MIDDLE		AST	_		DEATH MONT		YEAR	2b HOUR
	WALTE	K (G.	LO	HR	Sr.	JOLY 7	21, 198	/		5;08P M
3. SEX	4.	RACE		5. DATE C	DA"		6. AGE (IN YE	ARS LAST BIRTHDAY	MONTH	DER I YEAR	IF UNDER 24 HRS HOURS MIN.
Male		Whit			. 30	1912	75		YRS.		
TO. BIRTHPLACE (STATE	OR FOREIGN 7	. CITIZEN OF	WHAT COUNTRY	? 8. MARRIEI	D NEV	ER MARRIED	9 BALTIMOR	E CITY OR CO	UNTY OF E	DEATH	
Maryland		U.S.		WIDOWE		DIVORCED [BAI	LTIMORE	CITY	0.00	MD
BALTIMORE		THE	JOHNS" HO	PKINS			(TYPE OF WORK	CCUPATION FOR MOST OF WOR	KING LIFE) IN	NDUSTRY	f Emplo
USUAL RESIDENCE (FN	IURSING HOME OR O'		GIVE RESIDENCE BEFO 13c. CITY OR TO Balt.		YES 🔀	DE CITY LIMITS?	13e STREET A 4014	DDRESS / ZIP Green	CODE	212	
14. FATHER'S NAME	84.0	DDLE	LAST		15. MOTH	ER'S MAIDEN NA	AME	WIDDLE		LAS	,
John	Wal		Lohr		EI	izabeth		WIDDLE		Pear	
160 WAS DECEASED EV	ER IN U.S. ARM	D FORCES?	166 SOCIAL SEC	URITY NO.	17. INFOR			ADDRESS			liet i
(YES, NO OR UNKNOWN)	(IF YES, GIVE V	VAR OR DATES)	212-18	-2041	Wa	lter G.	Lohr	Jr.	Ba	lto.,	Md.
Conditions, if a gove rise to couse (a), stunderlying co	immediate ating the use last.	DUE TO, OI (b) DUE TO, OI (c)		UENCE OF UENCE OF L PAIC	gae ule	CARCINO		LIVER		7:	2 cerk
190 DATE OF OPE			TION FOR WHIC				200 AUTOI	PSY? 20b.	IF YES, WE	RE FINDIN	
	CAUSE OF DEATH	216. TIME O HOUR A.	M. MONTH	DAY YEAR	21c. HOV	V INJURY OCCUR	RED (ENTER NATI	URE OF INJURY IN IT	EM 18 PART I	OR PART 2)	
21d INJURY OCC		21e. PLACE		20100	211 LOCA	ATION REET		CITY OR TOWN	(OUNTY	STATE
220.1 certify that sow the disc above (1) 12 275. SIGNATORE	(this hospito did dive on	YUU	21 19	8 7, an	1 % and that in (I	my) (our) opinion	death occurred	on the date of			
	MA C	ener	mp		Tax -	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	×	7/2	1/87
22d. PHYSICIAN'S		MERM	o HB	304	22e ADD	GOC	N. 0	wife	-5+	, The	DEENS A
23a. BURIAL, CREMATIO	N, REMOVAL	23b. DATE	230	NAME OF C	EMETERY	OR CREMATORY	23d LOCAT			INTY	Shran
Burial		7-24-	-87	Druid	Rid	ge	Pike	sville	Balt	0.	Md.

DHMH - 16 60M 7/84 (VRA 15, 4) 74 FUNERAL DIRECTOR
NAME
Henry W. Jenkies & Sons Co.Balto., Md.

50 DATE RECD BY REGISTRAR 256 REGISTRAR'S SIGNADURE JULIA DISTORTA CONTROLLA SIGNADURE JULIA DISTORTA SIGNADURE JULIA SIGNADURE S



07/84 25M

DHMH - 17 (VR A15 ME (5))

BP

ADDRESS

230 BURIAL, CREMATION, REMOVAL 236 DATE

24 FUNERAL DIRECTOR

NAME

23c. NAME OF CEMETERY OR CREMATORY

23d LOCATION

COUNTY

2d HOUR

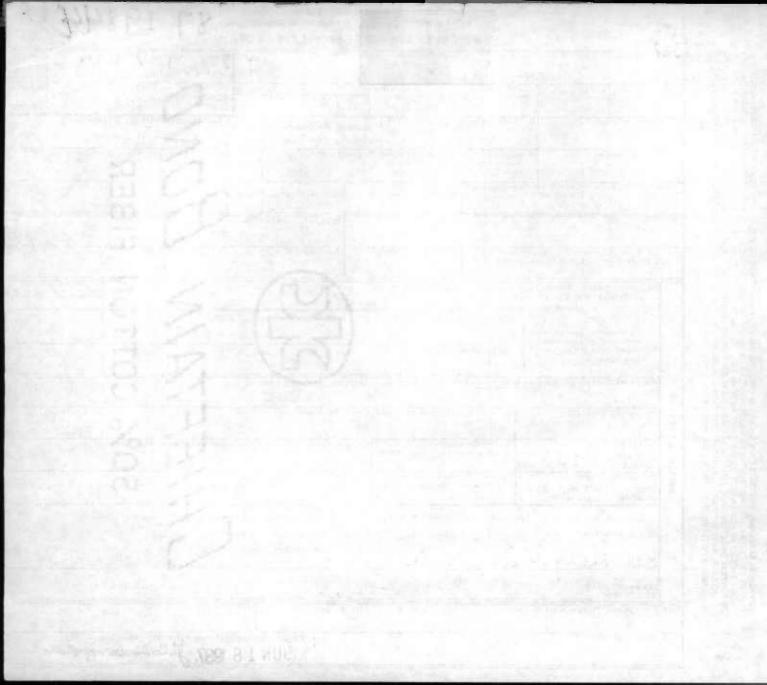
STATE

STATE

25b. REGISTRAR'S SIGNATURE

250. DATE REC'D. BY REGISTRAR

Pulia Davidson



BP.

DHMH - 16 60M 7/B4 (VRA 15, 4)

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S	T	A	T	E	OF	M	AR	YI.	AND)

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

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		TEO IOTRAK						REG. NO	D. 1			
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						7,00			()	18 87	11.2	6 AM
1	3. SE>	(4 RACE		5 DATE OF			6. AGE (IN YEARS LAST BIR	HDAY)	IF UNDER TYEAR	IF UNDE	R 24 HRS
		F	3	ack	MONTH	CAY	YEAR 9	78	-4/	MONINS DAYS	HOURS	MIN.
						17	01	10	YRS.			
	7a BII	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WH	AT COUNTRY?	8	□ NEVER M	*DD#50 [7]	9. BALTIMORE CITY O	RCOUNT	Y OF DEATH		
V	1/	irainia	11,5,	A.	WIDOWED		ORCED T	Baltin	100	itu		
4	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOS	DITAL BUIDCING		Mr. and						MD.
	10 CI	0		CILITY, GIVE STREET		OTHER INST	ITUTION	120. USUAL OCCUPA I	E WORKING I	12b. KIND		ESS OR
		Baltimore	Sinai L	los o ita	1 6	Baltin	nore	120. USUAL OCCUPA IN ETYPH OF WORK FOR MY TO		II DOSIKI		
4		AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION GIVE		ADMISSIONI	Wille.	- 1	110-110	70			
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/4)		A FIRST	MIDDLE	LAST			IRST .	MIDDLE		LA	ST	
1		Albert	1	oran(n	6 17	ZIE					
٦			MED FORCES? 166	SOCIAL SECUI	RITY NO.	7 INFORMAL		ADDRE	SS			
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		NO	0	112-12-	58521	-harle	shone	24 407 No	Por	+ 5+ .	212	.24
Se po		18 CAUSE OF DEATH (Enter on	ly one couse per line	far (a) (b) and	I (C))			1			XIMATE INTE	RVAL
ř.		PART I. DEATH WAS CAUSE	D BY:	1.	- 1		۸	-		BETWEEN	ONSET AND	DEATH
1		IMMEDIA	TE CAUSE (a)	ardios	ulm	onary	Ar	rest				
1			DUE TO OR M	A CONSTOLIS	NCT OF	•						
1		6 197 17		A CONSEQUE		-	1 6.	cl L		21	11 -	
1		Canditians, if any, which gave rise to immediate	(b) U	verwhe	Imir	ia se	DEIC	Shock.		10	45	
1		cause (a), stating the	DILETO OP AS	A CONSEQUE	NCE OF							
1		underlying cause last.	100E 10, OK A.	A CONSEGUE	THEE OF							
1			(c)									
١	7	PART 2 OTHER SIGNIFICANT O	CONDITIONS CONT	RIBUTING TO D	EATH BUT N	OT RELATED	TO THE TERMI	NAL DISEASE OR CONE	DITION GIV	VEN IN PART 1	la	
1	CERTIFICATION	Peripheral Vac	ular dise	250 , (I	AKA							
7	AT	190. DATE OF OPERATION		N FOR WHICH		WAS PERFOR	MED	200 AUTOPSY?	20h IF YE	S, WERE FIND	NGS LISE	0
	FI							IVA ACTORDI	IN CERTI	FYING CAUSE	5 OF DEA	TH?
-	E							YES NO		ES 🗍	NO [
ì	W	218. ACCIDENT WAS UNDERLYING				21c. HOW IN J	URY OCCURRE	ED (ENTER NATURE OF INJUR	Y IN ITEM IB	PART I OR PART 21		
		OR CONTRIBUTING CAUSE OF DEA	TH HOUR (M)		Y YEAR							
1	Ö	(IF EITHER NOTIFY MEDICAL EXAMINER	11.26 P.M.	7 18	1987							
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ı	100	AT WORK										
		22a.1 certify that (1) (this haspi			Jun	e 3	, 19	_, to _Tuly	18	19.87	that (1) (we last
1		saw the decoased alive an abave, (I) (we) (did) (did na	July	19 19	27_, and	that in (my) (aur) apinian d	eath occurred on the do	te and har	ur and from the	courses st	nted
1	100	22b. SIGNATURE	t) view the bady after	er death.								
		ZZB. SIGNATURE	α		DE	GREE				22c. DATE	SIGNED	
I		Locotin	Min			MID AT	TENDING	MEDICAL STAF	F	17/10	10-	7
		224 PHYSICIAN'S NAME (TYPE O	P PPINT)			22e ADDRESS		DIRECTOR PHYSIC	ANLA	1118	18	
ı		1 0 1111	11-1	1		/	4	1 0 0				
ı		DOKOTHY	CHIL	A		Sinai	Mospi	tal of Bal	Limo	118		
1	23n RI	URIAL, CREMATION, REMOVAL	236. DATE	123- NI	AME OF CEA	AETERY OR CI		23d LOCATION		, , ,		
	(5	SPECIFY)						CITY OR TOWN		COUNTY		STATE
	1	Burial	7-24	87 Bal	timore	e Ceme	tery	Baltimore	,		MI	DATE
	24. FU	INERAL DIRECTOR					250. DATE	REC'D. BY REGISTRAR		TRAR'S SIGNA	TURE	
1	Ma	rch Funeral Hon	nee Inc	110T E	Nane	h Arro		1 07	1 .			
		runeral non	ies, Inc.	TIOI E	. NOT	II Ave.	JU	1 23 1987	aulia	Deordion	Kenda	ماله
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ADTMENT	0	E 1	ue.	AI	TH	AMI	n 1	MENT	A

10	FOR	DEPART		FICATE OF DEATH	IENE	1 9	3 4 6	
to a	MEGISTRAR.		CERTIF	ICATE OF DEATH	REG. N	0.		
	CEASED NAME (FIRST	es Alton	1	enq	20 DATE OF DEATH	24, 19	87 3:42	PM
3.SE	* Male	4. RACE CAUC asian	5. DATE (6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER MONTHS YRS.		HRS MIN.
党	E OR FOREIGN COUNTRY VIRGINIA	76. CITIZEN OF WHAT COUNTRY?	MARRIE	ED DIVORCED	9 BALTIMORE CITY O	COUNTY OF DEA	ty .	MD.
9	of more ay	11. NAME OF HOSPITAL, NURSIN	APPRESSI	Jand	OSUBLICATION OF THE STATE OF WORK FOR MOST OF SUPERVISOR OF THE STATE	F WORKING LIFE) INDL	KIND OF BUSINESS USTRY Ca-Cola B	
lla.	Mar yand Frince	/ 10:	M	YES NO	13e.STREET ADDRESS	rzip CODE Iraymare	Vw. 20	15
	Kichard	MIDDLE VONG	~	15. MOTHER'S MAIDEN NAM	WIDDLE	F	Willips	
	VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? 16b SOCIAL SECU VE WAR OR DATES) 226-07-1		Adelaide A.	3022 Long Bowie	Traymore , Marylar	id 20715	
	PART I. DEATH WAS CAUSE	nly ane cause per line far (a), (b), and BY. TE CAUSE (a)	rolov	ry Pailure		B€	THEN ONSET AND DE	
. NO	36 Va	DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO	ENCE OF	NOT RELATED TO THE TERM	Tu lewhe		ART 1ra	_
CERTIFICATION	9a. DATE OF OPERATION	196 CONDITION FOR WHICH		N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE IN CERTIFYING C.	FINDINGS USED AUSES OF DEATH?	,
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH D.	AY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I ORP	ART 2)	
MEDICAL	21d INJURY OCCURRED NOT WHITE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, 6	FARM, ETC)	211 LOCATION STREET	CITY OR TO	wn cou	NTY STAT	E
	saw the deceased alive an abave, (I) (we) (did) (did na	ital) attended the deceased fram_ 19		that in (my) (aur) apinion of	leath accurred on the do	19 0 ate and hour and fro	7, that (I) (we)	
	27b. SIGNATURE	nav sweet	1	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	F	1/24/81	7
	22d PHYSICIAN'S NAME (TYPE O	as Sweet,	MD.	27e ADDRESS 22 5.	greene	St. Bo	HO MD	>
100	BURIAL, CREMATION, REMOVAL (SPECIFY)			EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY		E
_	UP181 JNERAL DIRECTOR			Int.Meth.Ch.Ce	M Sutherla		Virgi.	nia
Be	all Funeral Hom			20715-3043	L 2 : 180/	gran provi	and the	6

DHMH - 16 60M 7/84 (VRA 15, 4)

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oletely filled in by the funeral director ad 2 should be filed within 72 hours of DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO FUNERAL DIRECTOR: After this certificate has been signed by the preeding physician and should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval. TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

(VRA 15, 4)

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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	7	1	9	8	4	
	DEC I	NO				

100/20	PEGISTRAR			CERTIF	ICATE OF DEATH	•	REG. NO	D.		
ANE AU	DECEASED NAME	FIRST	WIDDLE	(AST	20. DATE OF	DEATH	MONTH DAY	YEAR	26 HOUR
6	THE ON PRINTING	EODORE	r.	6	uis	8	7	7 14	87	730/
3.5	SEX	4 RACE	8 2	5. DATE C	DAY YEAR	6 AGE (IN YE	67		UNDER TYEAR	HOURS M
70.	BIRTHPLACE (STATE OR FO	OREIGN 76 CITI	ZEN OF WHAT COUN	TRY2 8	NEVER MARRIED			R COUNTY OF	FDEATH	~
D CONTRACT	BALTIMONE	(IF I		JRSING HOME C	MARY LAND		CCUPATION FOR MOST OF	F WORKING LIFE)		OF BUSINESS
2 130	STATE MANYLANS	NG HOME OR OTHER IN	13c CITY OR		13d. INSIDE CITY LIMITS? YES & NO	312	DDRESS /	ZIP CODE OAK fie		1216 Ave
exomine 14	FATHER'S NAME FIRST EUGENE	MIDDLE		Lis	15. MOTHER'S MAIDEN TO SEPH		MIDDLE		STAN	
16a	WAS DECEASED EVER (YES, NO OR UNKNOWN)	IN U.S. ARMED FO (1F YES, GIVE WAR OR		SECURITY NO.	VIVIAN LO	llis	312	18 Oa		Id A
ent, the		H (Enter only one of AS CAUSED BY: IMMEDIATE CAUS	ouse per line for 101, (b	OPULM	MIANY AN	NEST			BETWEEN	MATE INTERVA
r other troumotic	Conditions, if ony, gove rise to imm couse (a), stating underlying couse	which nediote DU	(b) LE TO, OR AS A CONS	SILOBAN	PNEMON	ı A			/0	days
o vuluiny, o	PART 2. OTHER SIGN				NOT RELATED TO THE TE			DITION GIVEN	IN PART III	0
8 shows any injur	190 DATE OF OPERAT	10N 19b	CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	200 AUTO	PSY?	20b. IF YES, V IN CERTIFYIN YES [NG CAUSES	
-/ 5	OR CONTRIBUTING TO	AUSE OF DEATH	. TIME OF INJURY OUR A.M. MONTH P.M.	DAY YEAR	21c. HOW INJURY OCC	URRED (ENTER NAT	TURE OF INJUR	RY IN ITEM 18 PART	1 OR PART 2)	
MEDICAL	21d INJURY OCCURR	ILE (AT	PLACE OF INJURY HOME STREET, FACTORY, OF	FFICE FARM, ETC)	211 LOCATION STREET		CITY OR TO	wN	COUNTY	STAT
21 із то	sow the decease	ed alive on	ended the deceosed for 7-13.	64	7-9 19 2 nd that in (my) (our) opini	on death occurred	on the do	. 17		that (1) (we causes state
T. If Rem	22b. SIGNATURE	- 4	ne mis			MEDICAL DIRECTOR	STAF PHYSIC	F IAN X	22c. DATE	SIGNED
MPORTAN		s w. 50.	unta, m.D			nt GREENE				
230	BURIAL, CREMATION, SPECIFY) Burial		/17/87		n Forest Vet	t Ów	ings	MILLS	OUNTY	5 Y
0M 7/84	FUNERAL DIRECTOR Wm. March F	F/H West	4300 Wabas	sh Avenu	e 25a E	A E REA DE BY RE	907_RAR	256 REGISTRA	R'S,SIGNAT	URE

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DEP	ARTI	MENT	OF	HE	ΔII	Н	AND	MENT	ΔΙ

HYGIENE CERTIFICATE OF DEATH

		CEASED NAME	FIRST		MIDDLE		LAST	20 DATE OF DEA	HTMOM HTM	DAY YEAR	2b: HOUR
	(TYPE	OR PRINT)	1609	ore	Lewis	1	ow		7	25 87	2 49 M
	3. SE)			RACE		5. DATE O	OF BIRTH	6. AGE (IN YEARS L	AST BIRTHDAY)	IF UNDER TYEAR	- 111
		M		W		MONT	. 19, 1915	71		MONTHS DAYS	HOURS MIN.
	7n BI	RTHPLACE (STATE OR	EOREIGN 7	L CITIZEN OF	WHAT COUNTRY?		• 19, 1913	9 BALTIMORE C	TTY OR COUN		
A	(N. Y	ONE TOTAL	US		MARRIE	D NEVER MARRIED	-			
4						WIDOW	DIVORCED X		imore		MD
1	10.01	TY OR TOWN OF DE			H FACILITY, GIVE STREET		OK OTHER INSTITUTION	12a. USUAL OCCI		G HEE) INDUSTRY	
	E	Bastimore			WICK			Teache	er .	Muse	eum
p)	USUA 13a. S	AL RESIDENCE (IF NURS	1136 COUN		136 CITY OR TOW			13e.STREET ADDR	RESS / 7IP CC	ODE	
)		Md.			Baltime	re	YES X NO	3811 Ca	nterbu	ry Rd.	21218
٦	14. FA	THER'S NAME					15. MOTHER'S MAIDEN NAM				
3		Josia	ah Orm	e Low	LAST		Doroth	ny Lewis	DIE	LAS	ST
		VAS DECEASED EVER			16b SOCIAL SECU	IRITY NO.	17. INFORMANT		ADDRESS		
	{1	YES, NO OR UNKNOWN)	LIF YES CIVE	TAPOR DATES)	218 3418	55	Mrs. Benita H	I. Low 3	3811 Ca	nterbury	Rd18
2		14 CALISE OF DEAT	H (Enter ent		lancing (b) on	dian'i		-		APPROX	IMATE INTERVAL ONSET AND DEATH
				BY.	line for (a), (b), an	P	andre desert			MUNI	
			IMMEDIATE	CAUSE (o)		reg	uratory overst a motor neuron			77070	4.0
1	14	C 101 15		DUE TO, O	R AS A CONSEQUE	NCE OF	a meder sous	4.		1	
		Conditions, if ony, gove rise to imm		(b)	Progressia	e vyy	or motor necurs	disease		sys	
		cause (a), statin underlying cause		DUE TO, O	R AS A CONSEQUE	ENCE OF					
	05			(c)							
	z	PART 2. OTHER SIGN	VIFICANT CO	ONDITIONS <u>CO</u>	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR	CONDITION	GIVEN IN PART I	0'
	CERTIFICATION	A DAYE OF ODERA	11011	101 50110	TION FOR WILLIAM	OPERATIO	THE PERSONNER	Tan AllTonevi	Tank IF	VEC WERE EINER	100.000
1	S	19a. DATE OF OPERA	HON	IAP COMP	HON FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY		YES, WERE FINDING CAUSES	
4	RTIF								Card .	YES [NO 🗌
2		21a. ACCIDENT WAS UND		HOUR A.	FINJURY M. MONTH DA	AY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE C)F INJURY IN ITEM I	18 PART 1 OR PART 2)	
7	CAL	(IF EITHER, NOTIFY MEDI		P.		19					
	MEDICAL	21d INJURY OCCURE	RED	21e. PLACE			211 LOCATION	CITY	ORTOWN	COUNTY	STATE
	×	WHILE NOT WH	RK	(AI HOME, STE	EET, FACTORY, OFFICE, F	ARM, ETC.)	STREET		4		31216
		22a.1 certify that (1)	(this hospite	ol) ottended/th	e_deceased from_	6	1/16 19 82		125	19.87	that (I) we lost
		sow the deceme obove, (I) with (87.0	nd that in (my) (our) apinion o	death occurred on	the date and h	•	
		77h SIGNANIRE	red the not	view the body	offer death.		DEGREE			22¢ DATE	SIGNED
4		4.14.0	. //	1) ha	-		ATTENDING	MEDICAL	STAFF	1 2/24	127
-		22d. PHYSICIAN'S N	MAE TOWN ON	The state of the s	-		22e ADDRESS	DIRECTOR PI	HYSICIAN	1/21	101
		Philip	ent of the contract of the con		D.		700 W. 40t	h St.	Baltin	nore. Md.	
_											
	23a. B	URIAL, CREMATION,	REMOVAL	23b. DATE			CEMETERY OR CREMATORY	23d LOCATION	WN	COUNTY	STATE
	_	Cremation	1	7/27/8	3/	Green	Mount Cem.		more, l	Md.	
		JNERAL DIRECTOR			ADDRESS		25a. Dp4T	RECZ BREGS	SAAR 256 REG	ISTRACT SONA	Mandaen
	N	TTCHET I LIFE	THEFT	TAOM CT	TNO	CEOO	Wants Del	L 4 0 13(0 10		

6500 York Rd.

DHMH - 16 60M 7/B4 (VRA 15, 4)

MITCHELL-WIDDEFELD HOME, INC.

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DEPARTMENT OF HEA CERTIFIC

LIH	AND	MENTAL	HTGIENE		
ATE	OF	DEATH	8	7	

4 2 6 JUL 2	3 8	FOR TATE EGISTRAR		NT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	8 7 REG. NO	9849
. ms V		CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR 26 HOUR
1 00 X		GROVE		LOWERY		7 19 87 105 AM
4 999	1.5E)	Male	Black	DATE OF BIRTH MONTH DAY YEAR 12 26 14	6. AGE (IN YEARS LAST BIR	HDAY) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. YRS.
# 12 M	7a. BI	RTHPLACE (STATEOFFOREIGN CONTROL OF THE PROPERTY OF THE PROPE	11 1	MARRIED NEVER MARRIED VIDOWED DIVORCED	BALTIMORÉ CITY O	R COUNTY OF DEATH MD.
		BALTIMORE	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET ADE BALTIM DRE VA		TYPE OF WORK FOR THE	ON 126 KIND OF BUSINESS OR INDUSTRY
24 hours		AL RESIDENCE (IF NURSING HOME OR TATE 13b COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE AD ITY 13c CITY OR TOWN BATTMOR	113d. INSIDE CITY LIMITS?	130 STREET ADDRESS	ZIP CODE JORTH AVE 21217
1500	14. FA	THER'S NAME William	Howery	15 MOTHER'S MAIDEN NAV		Setten
Page 1			MED FORCES? 166 SOCIAL SECURIT	YNO. 17 INFORMANT	Henry 3	1941 and land 1940
physical popperson	5	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one cause per line for (a), (b), and (c) BY:	ARREST	The state of the s	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
fi cert ding corbo grife office		928 CHAMEDIAT	DUE TO, OR AS A CONSEQUENCE			
the dear	100	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse lost		RY ARREST		
1		PART 2 OTHER SIGNIFICANT C	((c)ONDITIONS CONTRIBUTING TO DEA	ATH BUT NOT BELATED TO THE TERM	INAL DISEASE OR CONT	DITION CIVEN IN PART IVE
during the b	NO	stans pos			IIVAL DISEASE OR CON	STRONG OVEN IN PART III
hos bee	TIFICAT	190. DATE OF OPERATION	196. CONDITION FOR WHICH OF	PERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
CLAN, TI physical profitories and from the TB sk	AL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		YEAR		
of Phrisis of the burst and Merical Me	MEDIC	21d. INJURY OCCURRED NOT WHILE AT WORK	21e. PLACE OF INJURY LATHOME STREET, FACTORY, OFFICE, FARM	211. LOCATION	CITY OR TO	WN COUNTY STATE
TENDEN pital or TOR, Att		22a certify that (I) (this haspi	7/19/87 19			ste and hour and from the causes stated
the DR A		obove(II) we) did) did no	I IM M	DEGREE ATTENDING	MEDICAL STAF	
HOSPIE PORTAN		P BEC		22e ADDRESS BATTMORE V		
51 5418	23a B	URIAL, CREMATION, REMOVAL	236. DATE 23c. NA	ME OF CEMETERY OF CHEMATORY	23d LOCATION	COUNTY (1- STATE
BP		BURIAL	17-24-81 400	den TARK Cem.	DALL	mc.
DHMH - 16 60M 7/B4 (VRA 15, 4)	S	Seph L. Ru	53 2322 WINO	thave. 250 DAT	UL 22 1987	256 REGISTRAR'S SIGNATURE Julia Davidon-Rondale

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIEN
CEDTIFICATE OF DEATH

CERTIFICATE OF DEATH

	9	8	(2)	
REG. NO.		1		

-															
		EASED NAME	FIRST		MIDDLE	·	AST		20. DATE OF	DEATH	HINOM	DAY	YEAR	2b. HOL	JR
	(TYPE	OR PRINT)	EDIT	T .	JEAN	,	LUCAS		JULY	2.5	198	7		1:4	P
П					ULAN			11							
	3 SEX		300	4 RACE		5. DATE C		YEAR	6. AGE (IN YE	ARS LAST BIR	THD AY)	MONTHS	DAYS	HOURS	MIN.
П		Female		Black	2	Jun		1950	37		MDC	MONTHS.	DATS	HOURS	WIN.
ч	7o BIE	RTHPLACE (STATE O	PEOPEICH		WHAT COUNTRY?		- 15,	1000	9. BALTIMOI	E CITY O	YRS	V OF DE	ATLA		
1	C	OUNTRY)			WITAT COUNTRY:	MARRIE		MARRIED -					AIR		
1	N	Jorth Card	lina	USA		WIDOWE	D 0	NORCED XX	BALTI	MORE	E CI	ΓY			MD.
Dire.	10. CI	TY OR TOWN OF DI	EATH	11. NAME OF	HOSPITAL, NURSIN	VG HOME C	OR OTHER IN	MOITUTITE	12a. USUAL C					BUSINE	SS OR
5	P	ALTIMOR	F .	THE TOI	INS HOP	K T N C	HOSPI	m z r	Nurse Nurse	FOR MOST O	ide	IFE) INDI	USTRY		
ď	-						HOSFI	IAL	Marse	. o A	rue				
2	13e. S	AL RESIDENCE (IF NU	136 COUN		1136 CITY OR TOW		1134 INSIDE	CITY LIMITS?	13e.STREET A	DDPESS	ZIP COD	NF.			
	M	laryland	-		Baltimo		YES X	NO	1741			_	212	0.1	
	_	THER'S NAME			Darermo	1.0		'S MAIDEN NAM		GULS	uch A	ve.	414	10	
	13.17	FIRST	٨	NIDDLE	LAST		13. MOTHER	FIRST		WIDDLE			LAS1		
3		Herman	01	iver	Luca	S	Do	rothy				Ba	ttle	2	
٦	16c W	AS DECEASED EVE	R IN U.S. ARA	AED FORCES?	16h SOCIAL SECU	JRITY NO.	17. INFORM	ANT		ADDRE	55				
		ES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)					2.00	1					
	N	О			214-54-7	316	Dori	s Jeffer	s 282	8 E.	Fede				
-		18 CAUSE OF DEA	TH (Enter onl	y one couse per	line for (a), (b), on	rd (c).1						BF	APPROXIM	MATE INTER	VAI DEATH
		PART I. DEATH			CARDIOR	ESDIRA	MOY	FAILURE						tour	
			IMMEDIATI	CAUSE (a)	0010/0/1	Corna	10/1/	7 71.700110					3 1	OWY	
				DUE TO, O	R AS A CONSEOU								9	Anne	
		Canditians, if an	y, which	(6)	BRIAIN 1	DEATH							2 6	PAYS	
		gave rise to in cause (a), stat)											
Н		underlying caus		DUE TO, O	DIFFUSE	ENCE OF	HE FU	ENT					3 /	A45	
				(c)											
		PART 2. OTHER SIG						D TO THE TERMI	NAL DISEASE	ORCON	DITION GI	VEN IN P	ART 1ra		
	CERTIFICATION	THORAC	IC ANE	URYSM ,	AURTIC IN.	SUFFICE	ENCY								
	F	19a DATE OF OPER	ATION	19h CONDI	TION FOR WHICH	OPERATIO	N WAS PERF	ORMED	20a AUTO	PSY?	20b. IF YE	S, WERE	FINDIN	GS USE)
	5	-1-	2/97						1/			FYING C			
	Ē	7/2.	2/81	INUK	acic aneur	TSPI NO	MOLIC WA	IMPLUENCY	YES A	NO	Y	ES 🗌		NO [
	8	210. ACCIDENT WAS U	NDERLYING	216. TIME O			21c HOW I	NJURY OCCURRE	ED (ENTERNAT	URE OF INJUR	Y IN ITEM IB	PART I OR P	ART 2)	-97	
		OR CONTRIBUTING		"	M. MONTH D.		1								
Я	9	(IF EITHER NOTIFY MEI		P.,		19		1011							
	MEDICAL	21d INJURY OCCU		21e. PLACE	OF INJURY LET, FACTORY, OFFICE, F	FARM FIC 1	21f LOCAT	T CN		CITY OR TO	WN	COU	NTY	5	TATE
	~	AT WORK NOT V	ORK ORK				1 7 3								
		22a I certify that (all attanded the	a decorred from	7/20		19.87	4	7/75		10 8	7 .	hot (l) (v	->14
		saw the decea			deceased from_			,			. 11	19			,
		abave, (1) (we)	(did) (did not	view the bady	after death.	, ar	nd that in (my) (aur) opinion d	eath occurred	on the do	ite and ho	ur and fro	om the c	auses sto	ited
		22b. SIGNATURE	0 (1			DEGREE					220	DATES	IGNED	
		/	2.1.1	Laney	MD			ATTENDING	MEDICAL	STAF			7/7	5/8	7
-		22d. PHYSICIAN'S N	IAAAE AWAE OO				Inn. ADDOR	PHYSICIAN []	DIRECTOR [_ PHYSIC	IANJAJ		1/4	.3/0	/
							22e ADDRE		11.11.	4.	A 100 m	1		71.5	
	200	K-2	FINNE	1			JOHN	is hopkins	HOSPINI	el,	BALTI	JONE,	MO.	612	.05
T	23a Bi	URIAL, CREMATION	REMOVAL	23b. DATE	23, 1	NAME OF C	EMETERY OF	CREMATORY	123d. LOCA	ION					-
J	(5	Burial	, NEMOTAL						CITYC	RIOWN	0.	COUNT	4	S	1 ATE
		burlar		7029-8	M	t. 210	on Cem	etery	Balt	1more	e Cit	y, M.	d.		

DHMH - 16 60M 7/84 (VRA 15, 4)

should be detail with the State De IMPORTANT:

Marshall W. Jones, Jr. F.H. 4101 Edmondson Ave

11P PT 50

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NE22 101 Company

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STATE OF MARYLAND

DEP	ARTMENT	OF	HEALTH	AND	MENTAL	HYGIENI
	CFI	RTI	FICATE	OF	DEATH	

REGISTRAR					AST		To a ser or	PEG. NO.	1 7		190	-
TYPE OR PRINT)	Berna	_	HDDLE		msden		2a DATE OF	0	11 775	87	1:5	0p,
MALI	E	CAU	C	S. DATE C	F BIRTH	· 10	6 AGE (IN YI	ARS LAST BIRTHDAY	YRS.	DAYS	IF UNDER	24 HRS MIN,
NEW JE	RLY	Ц	SA COUNTRY	MARRIE		MARRIED	Ba	ltimor	e, Ci	ty		MD.
BUHIMO	RE HOME OR	CHURC	OSPITAL, NURSII		L OTHER IN:	MUTION		CCUPATION FOR MOST OF WOR		DUSTRY	FBUSINE	SSOR
MARYLAN	36 COUN	TY	BALLI	OLE	YES Y	NO CONTRACTOR	13. STREET A	F057	EL AV	E	2/2	24
UNK	NOWK	AIDDLE	LAST		un	KKOWI	Y	ADDRESS		LASI	'	
160. WAS DECEASE		MED FORCES?	314-12-	8903	MRS	GERRI	Heye	rs 19	22 80	Olde	Rd	2/22
18 CAUSE O PART I. D	F DEATH (Enter and EATH WAS CAUSED IMMEDIAT	9V	CARDIO		SHOC	K				BETWEEN	MATE INTER	DEATH
		(b)	AS A CONSEQU									
-	PHERAL V				NOT RELATE			OR CONDITION		PART No		
PERIE TO DATE OF 21a. ACCIDENT	OPERATION	196. CONDIT	TION FOR WHICH	H OPERATIO	N WAS PERF	ORMED	200 AUTC		IF YES, WEI CERTIFYING YES	CAUSES	OF DEAT	H2
OR CONTRIBUTE	WAS UNDERLYING UNG CAUSE OF DEADTIFY MEDICAL EXAMINER	1177	A. MONTH D	DAY YEAR	21c HOW I	NJURY OCCUP	RRED (ENTER NA	TURE OF INJURY IN I	TEM 18 PART 1 C	R PART 2)		
(IF EITHER NO. 21d INJURY	OCCURRED NOT WHILE AT WORK	21e PLACE C	OF INJURY SET FACTORY OFFICE	FARM, ETC }	211 LOCAT STREE		Z4.	CITY OR TOWN	C	OUNTY	· 5	TATE
27s.1 certify sow the	that I his hospit decorative on I we did did not	al) ottended the	19_	87. or		(our) opinion	, ta	d on the date o	nd haur ond	from the		
774 SIGNAT	Coma	2	250	to	DEGREE	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	8	7/2	27/8	2
1	ENGLAS	J. E	spos. to			N. Br	oadway		timor	e, M	ID 2	123
BURIAL	ATION, REMOVAL	7-29	·87 G	HOEN	5 of	FAITH	BAY	HARE	cou		MO	TATE
AUTORO	wski Fe	INERAL	Hour	2525	Plet	# JU	2819	STRAR 290	REGISTRARS	SIGNAT	URE O	2.

DHMH - 16 60M 7/84 (VRA 15, 4)

O FUNERAL DIRECTOR

PORTANT, IF BY

061137 111 29 57

184 - Teast - 184 ASSET BALLERY THE Y DOMESTATE & CHARLES AND THE PARTY OF T

The course payers fine a series that I was

IMPORTANT: If Item 21 is marked or Item 18 shaws an shauld be detached far use as the burial-transit per with the State Dept. af Health and Mental Hygiene

DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	1	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE									
31	87	REGISTRAR		CERTIF	ICATE OF DEATH	8 7 REG. NO	9 8	50			
È		CEASED NAME FIRST	MIDDLE	L L	AST Luckey		ONTH DAY YEAR	2b HQUR			
	LIANE	Henlea	tor Rite	STRIC	CKLAND . O	DOLL 6	les 16 198	7 5:47 pm			
	3 SEX		4 RACE	S. DATE C		6 AGE (IN YEARS LAST BIRTH		AR IF UNDER 24 HRS			
		FEMALE	BIACK	MONTH	15 87	State of the state	YRS.	HOURS MIN.			
0		RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT CO	UNTRY? 8	D	9. BALTIMORE CITY OR					
4		MARYUAND	USA	WIDOWE		BALTIMO		MD.			
9	10 CI	BALTIMORE	11. NAME OF HOSPITAL (IF NOT IN SUCH FACILITY, O UNIVERSI		MARYLAND.	12a USUAL OC CUPATIO (TYPE OF WORK FOR MOST OF		O OF BUSINESS OR			
38		AL RESIDENCE (IF NURSING HOME OF		OR TOWN	134. INSIDE CITY LIMITS?	13e STREET ADDRESS /	ZIR CODE	,			
7	,,,,	138 6001	Ba	Limore	YES W NO	MI LEADENH		21230			
	14. FA	THER'S NAME	1 1 100		15. MOTHER'S MAIDEN NAM						
Э		Henry.	MIDDLE	Kou	Massicolla	WIDDLE	Stri	ckland			
		VAS DECEASED WER IN U.S. AR		IAL SECURITY NO.	17 INFORMANT	ADDRES		Crimarue			
	{1	(IF YES, GIV	VE WAR OR DATES)		mo ther	1011 Le	aden hall	St.			
П		18 CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE	nly one couse per line for to), (b), and (c).)		1 17 70 6		OXIMATE INTERVAL EN ONSET AND DEATH			
			TE CAUSE (D) Res	piratory	Failure						
		MARCHA		NEFOLIENCE OF			111111111111111111111111111111111111111				
		Conditions, if ony, which (ib) Externe Trematarity									
IJ		gove rise to immediate									
		underlying cause last. DUE TO, OR AS A CONSEQUENCE OF									
Н		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110									
	NO.	1 1	la Hemorr	10	0 2 1	1	emia				
7	ATI	190 DATE OF OPERATION	196 CONDITION FOR			20a AUTOPSY?	206 IF YES, WERE FIND	DINGS USED			
7	CERTIFICATION					YES NO	IN CERTIFYING CAUSE YES	ES OF DEATH?			
	CER	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c HOW INJURY OCCURRE						
1	AL	OR CONTRIBUTING CAUSE OF DEA	1111	NTH DAY YEAR	73-31 10-5						
9	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	1	211 LOCATION						
1	W	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTOR	Y, OFFICE FARM, ETC]	STREET	CITY OR TOW	N COUNTY	STATE			
		22a I certify that (I) (this haspi	tal) attended the decease	d from July	15 1987	10 July 16	19 87	that (I) (we) last			
		saw the deceased alive an above, (I) (we) (did) (did no	eath accurred on the date	and hour and from th	ne couses stated						
		22b. SIGNATURE	1) view me abdy oner dear		DEGREE		22¢ DA1	TE SIGNED			
		Killian R.	Blacken	on, m. D.	ATTENDING PHYSICIAN	MEDICAL STAFF	NO Jal	10 16 1987			
		224 PHYSICIAN'S NAME (TYPE O	R PRINT)		22e. ADDRESS			2.01.01			
		Lillian R.	Blackmon	, m.D.	Universita	y of Mary	land Ho	spital			
	23a B	URIAL, CREMATION, REMOVAL	23b DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE			
		Removal	7-23-87								
	24 FU	INERAL DIRECTOR			25a DATE	REC'D. BY REGISTRARI25	h REGISTRAR'S SIGNA	ATIME			

ADDRESS

State Anatomy Board

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be retained by the haspital or ottending physician.

059256

h. Page 4 may be

STATE OF MARYLAND

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE											
1.5	I - STATE REGISTRAR					ERTIFICATE OF DEATH					
CIII				MIDOLE	1	AST	20 DAVE OF		DAY YEAR	126 HOUR	
	OF PRINT)	FIRST		MIDOLE	1	UCOV	20 DAGE OF U	EATH MONTH	1 600	10 15	
,		120011	111	G.	2	0331		7/	7187	10:45 PM	
3. 5E)		4.	RACE		5 DATE O	F BIRTH	6. AGE IN YEAR	S LAST BIRTHDAY	IF UNDER TYEAR	IF UNDER 24 HRS	
	MAII	5	11141	TI	MONTH		51		MONTHS DAYS	HOURS MIN.	
-	1 6400		MULI	16	10	125/ 35	01	YRS			
	RTHPLACE I STATE OF	FOREIGN 76	CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED		CITY OR COUNT			
1	M XXXXXX	4	11.5		MARRIED		Balt:	imore C	i ty	MD.	
16 CI	TY OR TOWN OF DE	Drill W	NAME OF I	HOSPITAL NURSIN		R OTHER INSTITUTION	12a USUAL OC	CLIPATION	125 KIND C	OF BUSINESS OR	
10				H FACILITY, GIVE STREET		2 / = 1 1105		OR MOST OF WORKING)	
1	BALTIMO	MC .	SOUTH	+ ISAL	ILMOR	E GEN, MO	Crane	e Opera	tdr/Be	th. Stee	
		135 COLINITY	HER INSTITUTION.	GIVE RESIDENCE BEFOR			1			21225	
130.5	TATE			13 CITY OR TOW	05	13d. INSIDE CITY LIMITS?	13e.SIREET AD	DRESS / ZIP COI	DE A DI	15	
	V U	A . A	1. Co.	DAEIMO		YES NO	15311	WANG	17	0.	
14. FA	THER'S NAME	MIC	DIE	LAST		15 MOTHER'S MAIDEN N		MIDDLE	LA	ST	
	Nelson			Lusby		Agnes			Boy		
16a. V	VAS DECEASED EVE	R IN U.S. ARME	D FORCES?	166 SOCIAL SECU	JRITY NO.	17 INFORMANT		ADDRESS			
	ES, NO OR UNKNOWN)	(IF YES, GIVE W			-8360		Tuchr	Como	as #13		
,	no			213-32-	-0)00	Claire L	. Lusby	Same			
	18. CAUSE OF DEA	TH (Enter anly	one cause per	Vne (ar (a), Ib) an	dien	0	> - 1	-	BETWEEN	ONSET AND DEATH	
	PARTI DEATH WAS CAUSED BY: (My Jan and C) (OT HOS)										
	IMMEDIATE CAUSE (a)										
	DUE TO, ORAS AT ON SOURCE OF OUR AND										
	Conditions, if any, which ((b) 1000000000000000000000000000000000000										
	gave rise to immediate										
	underlying cause lost.										
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)										
~	PART 2 OTHER SIG	SNIFICANT CO	NDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE C	OR CONDITION G	IVEN IN PART 1	a,	
ō	HYP	ERTE	NSIO	N							
A	190 DATE OF OPERATION 196. CONDITION FOR WHICH			OPERATION	N WAS PERFORMED	20e AUTOPS	200 AUTOPSY? 206 IF YES, WERE FINDINGS USED				
F										G CAUSES OF DEATH?	
CERTIFICATION			100 5005 0	E to a to amount		In House sure			YES []	NO []	
	OR CONTRIBUTING		116. TIME O		AY YEAR	21c HOW INJURY OCCU	RRED (ENTERNATU	RE OF INJURY IN ITEM 18	3 PART I OR PARE 2]		
A	(IF EITHER, NOTIFY MEI		P.		19						
MEDICAL	21d. INJURY OCCU		21e PLACE	OF INJURY		211 LOCATION					
ME	WHILE I NOT V	VHILE	LAT HOME, STE	REET, FACTORY, OFFICE, I	FARM ETC }	STREET		CITY OR TOWN	COUNTY	STATE	
	AT WORK AT W	ORK									
	22a certify that {	I) (this haspital) attended th	e deceased from_		. 19	, to		. 19	that (I) (we) last	
	sow the decea	sed alive on	1 1 1 1	19_	, an	d that in (my) (our) opinia	death occurred	on the date and h	our and Irom the	causes stated	
	22b. SIGNATURE	(did) (did nat) v	iew the body	alter death.		DEGREE			22c DATE	SIGNED	
	001	10.	0	0		ATTENDING	MEDICAL	STAFF A A	-10	110	
	000	IONE	M	end		PHYSICIAN	DIRECTOR _		6.10	1	
	22d. PHYSICIAN'S N	VAME (TYPE OF PE	(TMI)			22e ADDRESS	-1 11		(2.00	
	Mici	1 1 151	KA	71LK		2001 S	17/1h /+	201010	115	DALL	
_	1110	13466	, 12,	000		15001 00	003	cr we ve	V	0/10/	
23a. B	SURIAL, CREMATION		236. DATE	/	NAME OF C	EMETERY OR CREMATORY	23d. LOCATI		COUNTY	STATE	
l '	Buri	al	7/10/	87 G1	en H	aven Mem Pl	k. Glen	Burnie		Mo Mo	
24. FL	JNERAL DIRECTOR		237 T	. Patar	osco			AR 256. REGI			
TVT.	NAME TO TO	unomo I	TTOWN	ADORESS		,	OL . O K				
TAT (ccully F	uneral	Home	s Balto) M	0.21225					

DHMH - 16 60M 7/B4

BP

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director. page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with most source death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MAPORTANT: If them 21 is morked as them 18 shows any injury, or other traumatic event, the medical exaginary must be notified.

(VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages Land 2 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prigit to burial, crematian, ar removal.

DHMH - 16 60M 7/ (VRA 15, 4)

05925

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STATE OF MARYLAND	200
DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	8

19854

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE GERTIFICATE OF DEATH 8 REG. NO.								54	
		CEASED NAME FIRST	HA Anna	1"	itsche	20. DATE OF DEATH	MONTH DAY	87 12	Y0
	3. SE	* Female	(aucasian	S. DATE OF	BIRTH YEAR	6. AGE (IN YEARS LAST BE	MONT	DER I YEAR IF UNDER	24 HRS MIN.
かく	₹a. 8	IRTHPLACE (STATE OR FOREIGN)	TE CITIZEN OF WHAT COUNTRY?	8 MARRIED WIDOWED	NEVER MARRIED -	9. BALTIMORE CITY	OR COUNTY OF	DEATH	
Diffied of	10. C	Selt more	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET	IG HOME QI		12a. USUAL OCCUPAT	OF WORKING LIFE) IN	EL KIND OF BUSINE NDUSTRY Glass	
3		AL RESIDENCE (IF NURSING HOME OR OSTATE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	E ADMISSION)		13e.STREET ADDRESS		XIR BI	ALO M
30	14. F.A.	ATHER'S NAME FIRST	Thomas Yewel		IS. MOTHER'S MAIDEN NAM	MIDDLE	Sara	G.Fogle	er
2 medical		VAS DÉCEASED EVER IN U.S. ARA YES, NO OR UNKNOWN) (HE YES, GIVE MO	MED FORCES? 166 SOCIAL SECULAR OF DATES! 2/209	2357	17 INFORMANT	3001 S-A	lanover	2 Sr. Ball	10 md
event, the			y one couse per line for (o), (b), on 0 BY: E CAUSE (o) ard_	CORE	speadous (arrest		APPROXIMATE INTER	DEATH
r ather traumatic		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE (b) The consequence of th	LI DEX	hanive Deror	is cightead	lenoma	3 year	>
ws'any injury, a	CAL CERTIFICATION	PART 2. OTHER SIGNIFICANT CO Pchydiation 190 DATE OF OPERATION	onditions <u>contributing to</u> multubulu's 198. CONDITION FOR WHICH	aced	mi, possible s	INAL DISEASE OR COM 200 AUTOPSY? YES NOW	20h. IF YES, WE	RE FINDINGS USED CAUSES OF DEAT NO	D
tem 18 sho		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT		AY YEAR	21c. HOW INJURY OCCURR			_	<u> </u>
arked ar	MEDICAL	2 Id. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM ETC)	PII. LOCATION STREET	CITY OR TO	OWN	OUNTY S	TATE
n 21 is mo		220.1 certify that (1) (this haspite saw the deceased alive an above (1) (we) (did) (did not	o) ottended the deceased from	87. one	that in (my) (our) opinion of	death occurred on the c	late and hour and		we) lost
LT. If Hen		22b. SIGNATURE	Tana Wart	D		MEDICAL STA DIRECTOR PHYSI		7/9/8	7
MPORTANT		22d PHYSICIAN'S NAME (TYPE OR	ARIA MARTIN			Nover St	BALTIM	one Ma a	1/230
_		Burial	7/11/1987 ¢le	en Hav	metery or crematory en Mem.Par		rnie, A	A.Co.Mc	TATE
7/84		cCully Funera	alto.Md.21230 1 Home. 130 E.	Fort	Ave. 250 DATE	REC'D, BY REGISTRAF	256 REGISTRAR	SSIGNATURE	

49864 SAUSTRY A HITSCHE The state of the s HOURS IN THE PARTY OF THE PARTY

IF ANY DELAY IS NECESSARY, PLEASE AND 3 TO THE FLINERAL DIRECTOR RETAIN PAGE 5 FOR YOUR FILES. HOLLID BE FILED, WITHIN 72 HOUR RECORDS, NOT W. PRESTON STREET DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH EXECUTE THE CERTIFICATE, WRITING THE WORD."PENDING" IN PENCIL IN ITEM 18 CIVE PAGES 12 PAGE 4 SHOULD BE FORWARMINER ALONG WITH FORMINE PAGES 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT PAGES AND AFTER DEATH, WITH THE STATE DEPARMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF BALTI MORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.

07/84

25M

BP_

DHMH - 17 (VR A15 ME (5))

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STATE OF MARYLAND

1,	FOR		D	EPARTMENT OF	HEALTH	AND MI	ENTALH	YGIENE	E						
1	-STATE		MED	ICAL EXAMIN	IER'S	ERTIFIC	CATEO	EDEA	TH .	ÆG.	Qu	St	and Sang	ling	
44	EASED NAM	F FIRST		MIDDLE		LAST		0 /	a DATE			HIM	DAY	YEAR	26 HOUR
10	YPE OR PRINT)	CHARL	IE					U. I	OF-	ESTI-				1.3	28 HOOK
		(CHARI				YNCH		63.0	DEATH	MATED			21 1	, -	N
1, 51	EX	4. RACE	5. DATE OF BIRTH	6 AGE (IN YE YEAR LAST BIRTHD		DER 1 YR.	HOURS		RONOUN	CED	10M	NTH	DAY	YEAR	24 HOUR
1	male	black		0 4 0 0 0 0	RS.	DATS	HOURS	MIN.	DEAD	CED		7 :	21 1	1087	11;3
70.	BIRTHPLACE IS		76. CITIZEN OF WHA		T.	-4		- 9	BALTIM	ORE CITY	OR CO				
4	FOREIGN COUNTRY)		USA		WIDOW	ED X NEV			D-1+	imorc	- 0:	4			
10.0	CITY OR TOWN		11 NIAME OF HOSE	ITAL, NURSING HOM			DIVORCE		Balt				L WILL	0.00	MD
2		OF DEATH	(IF NOT IN SUCH FACE	LITY, GIVE STREET ADDRESS)				FOR MI	AL OCCUP	KING LIFE)	YPE OF WO	ORK 12		D OF BUS	
	Baltimor			ltimore Ge		. Hosp	ital					Mo	Ste	ee 1& 1	Drum
	JAL RESIDENCE STATE	(IF IN NURSING HOME O		RESIDENCE BEFORE ADMISS	ION)	13d INSIDE CI	TV 1 HAITC 2	112. CTDE	ET ADDRE	cc				0	1000
1	Md	130 COOK	The state of the s	Baltimore	۵	YES X	NO []	460	7 Lawn	Par	rk Ro	oad A	ot (CZ	1229
114	FATHER'S NAMI	F		_ Dai o mior i			R'S MAIDE						,-		
1	FIRST		MIDDLE	LAST		FI	RST	1414AME	M	IDDLE			LA		
	Solie			Lynch		L(lna						На	awkir	1S
160.	WAS DECEASE (YES, NO, OR UNKNO	DEVER IN U.S. AR	MED FORCES? WAR OR DATES)	166. SOCIAL SECURIT	YNO.	17. INFORM	IANI			ADDRE	55				
	No.			241-76-95	64	Irma	R. L	ynch	46	07 L	awn	Par	k R	load	Apt (
		F DEATH (Enter an	ly ane cause per line f	gr (a), (b), and (c).)									APPR	ROXIMATE	INTERVAL
	PARTIDE			eriosclero	tic c	ardio	172C11	lar d	Ri coa	99			BETWE	ENONSET	AND DEATH
		IMMEDIA		S A CONSEQUENCE		araro	vasca.	LUL C	a Locu	50					
	Conditio	ns, if any, which		S A CONSEQUENCE	Or										
	gave ri	se to immediate	(b)												
	lying cau	stating the <u>under</u>	DUE TO, OR A	S A CONSEQUENCE	OF										
	- Jung Co.	30 1031.	(c)												
	PART 2 OTHER S	IGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BE	IT NOT RELATED TO THE TERA	AINAL DISEAS	OR CONDITION	GIVEN IN PAR	II 1 (a)							
Z															
CERTIFICATION	19a DATE OF	OPERATION	19h CONDITI	ON FOR WHICH OPER	RATION W	AS PERFOR	MFD?				_	-	20 ALI	TOPSY?	_
0															
1 5														s X	NO 🗌
		AL CAUSE WAS	21b. TIME OF I	MJURY MONTH DAY YEAI	21c. HC	OW INJURY	OCCURRE	DIENTERNA	ATURE OF INJI	URY IN ITEM	B PART 1	OR PART 2)		
1 ×	CONTRIBUTI	NG CAUSE OF	DEATH P.M.	19											
MEDICAL	21d INJURY			FINJURY (AT HOME,		CATION		- 13							
E	WHILE	NOT WHILE [STREET, FACTO	RY, FARM, ETC.)	S	TREET			CITY OR TOV	VN		COUNT	Y		STATE
	AT WORK	ATWORK													
	22a. I certi	fy that I took charg	ge af the remains descr	ibed abave, held an	Autap	sy X.	Inspection		Inquiry	□ . →	and in m	ту аріпі	an		
	death result	ed fram Natur	ral causes K.	Accident, Su	ncide	, Hamic	ide .	Undeter	rmined ma	nner	,				
		4				TITLE (SF	PECIEY)								
	ACTUAL SIGNATURE	111	(XN)	>		Depu	ty Ch	ief	CALEVAN	IN IED		ATE		7-21	-87
1	and the same	///	C X		M		-	MEDIC	LALEXAM	INEK	SH	GNED.			
W- 1000	EXAMINER'S	NAME Ann	M. Dixon,	M.D.			111 P	enn S	St.	Balto)	MD	21	201	
22	(TYPE OR PRI	TION, REMOVAL 2				VDDKF22									
230.	(SPECIEV)		7/25/87	Cedar H	METERY O	ome to	RY	23d. LOC		Arunc	101	COMNITY		'M	H
	Bur		1/25/8/	Ledar H	111 6	eme cer	-				. 0	CO	200	4.00	U
24	FUNERAL DIRECT		ADDRESS	0 11 1 1 1		1	SO DATES	50198	EGISTRAI	R 25b. REG	GISTRA	R'S'SIG	NATUR	RE	•
	Wm. C.	March F/I	H West 430	O Wabash A	venue	1	7 - 0		100	1					

95 9 TAT

TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours after

05872

death. Page 4 may be

pletely filled in by the funeral director, page 3 pd_s2 shquid be filed within 72 hours after death

STATE OF MARYLAND

10	FOR STATE REGISTRAR			DEPARTA		EALTH AND ME		-	G. NO.	0	2		4
	CEASED NAME	Ethel		E.	Lyr	ast nch		20. DATE OF DEA		06 8°		26. HOU	9
3. SE	Female		i. RACE Wh	ite	5. DATE O	OF BIRTH	ĭ ^e â ^r	6. AGE (IN YEARS LA		IF UNDER 1		IF UNDER	I M
	IRTHPLACE (STATE OR COUNTRY) Maryl			WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER MA	RRIED D	9. BALTIMORE CI	TY <u>OR</u> COUN	TY OF DEAT	TH		MD.
	Baltimore		3958 E	HOSPITAL, NURSIN THE FACILITY, GIVE STREET A LM AVENUE	DDRESS)	21211	UTION	12a. USUAL OCCU (TYPE OF WORK FOR M HOUSEV	OST OF WORKING	LIFE) 126. KII INDUS	ND OF	BUSINE	
13a. M	AL RESIDENCE (IF NURS STATE Iaryland	13b. COUNT	THER INSTITUTION	134. CITY OR TOWN Baltimor	V		10 🗆	3958 Eln		ie 21:	211		
	John		IDDL\$	Winter		15. MOTHER'S A	LEC	WIDE		Richa	ards	son	
16a \	WAS DECEASED EVER YES NO OR UNKNOWN) NO		WAR OR DATES)	214-74-9		Sonya S		· lll Haml	DDRESS Let Hil			1210	
n,	18. CAUSE OF DEAT PART I. DEATH W	H (Enter anly AS CAUSED IMMEDIATE	BY:	line far (a), (b), and Carlen	i a	rust				BETO 10	PROXIM WEEN OF	ATE INTER	DÊÀTH CO
	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF UNDERLYING CONSEQUENCE OF UNDERLYING COUSE last.							3	3 0	ps	_		
NOI	PART 2. OTHER SIGN		ONDITIONS CO	ontributing to D	EATH BUT	NOT RELATED TO	THE TERMI	INAL DISEASE OR	ONDITION G	IVEN IN PAR	RT Trai	700	
RTIFICA	19a. DATE OF OPERAT		19b. CONDI	TION FOR WHICH (OPERATIO	N WAS PERFORM	NED	200 AUTOPSY?	IN CERT	TES, WERE FI TIFYING CAL YES	NDINC USES O	S USED	H?
MEDICAL CERTIFICATION	21a. ACCIDENT WAS UND OR CONTRIBUTING C	CAUSE OF DEATH	P./	M. MONTH DA	Y YEAR	21c HOW INJU	RY OCCURR	ED (ENTER NATURE OF	INJURY IN ITEM 18	B PART I OR PAR	7 2)		
MED	21d. INJURY OCCURR	NE 🗆	210. PLACE ((AT HOME STR	OF INJURY BET, FACTORY, OFFICE, FA	RM, ETC.)	211. LOCATION STREET		CITY	OR TOWN	COUNT	Y	\$1	ATE
	220.1 certify that (1) saw the decease abave, (1) (we) to	d alive an	6/28	10 8	2, an		19.84	, taleath occurred an th	one date and he	. 19 <u>87</u> our and Iram		at (1) (w	
	226. SIGNATURE CLOS 226. PHYSICIAN'S NA	13	Cahe			W. U. PHI	ENDING YSICIAN		STAFF YSICIAN [22c. D	ATE SI	GNED 8	7
	Glas	73	Alan			224. ADDRESS 261	EL	IHIU ,	Parke	y-	Bu	212	218
(BURIAL, CREMATION, I SPECIFY Burial	REMOVAL	7/9/8			metery or cre n Cemete		23d. LOCATION CITY OF TOW Baltim		COUNTY	Mar	vlar	
	MERAL DIRECTOR ATan Sei	tz, Jr	. 3818	Roland A	ve.	21211	250. DATE	REC'D. BY REGISTA 0 6 1987	AR 256. REGIS				

DHMH - 16 50M 4/82

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(VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the should be detached for use as the burial-transit permit. Then please removith the State Dept. of Health and Mental Hygiene prior to burial, cremit MPORTANT: If Item 21 is marked at Item 18 shows any injury, at other Item

retained by the hospital or ottending physician.

Washington and the state of the	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR 20 DATE OF DEATH MONTH DECEASED NAME 2b. HOUR [TYPE OR PRINT) :20A JULY 20, 1987 REUBEN GREEN LYNCH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF LINDER 24 HP 3. SEX 5. DATE OF BIRTH 76 CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED HOSPITAL NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR THE JOHNS HOPKINS HOSPITAL INDUSTRY BALTIMORE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 14 FATHER'S NAME MIDDLE ORELL CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: CARDIOPULMONARY ARREST MINUTE DUE TO, OR AS A CONSEQUENCE OF 23 days (R) Thalamic hemorrhage A subarachnoid hemorrhage Conditions, if any, which gove rise to immediate couse lol, stoting the DUE TO, OR AS A CONSEQUENCE OF 47 years underlying cause Atherosclerotic cardiovascular disease PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Lia DR DISEASE PULMONARY **M**W 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 21 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21e. PLACE OF INJURY 21f. LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 6/27/ 7/201 220.1 certify that (1) this hospital) attended the deceased fram 7/201 saw the deceased alive on_ and that in (my) (pur) apinian death occurred an the date and have and Iram the causes stated abave, (1) (we) (did) (did nat) view the bady after death 226 SIGNATURE ATTENDING STAFF 7/20/87 FUNERAL I PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS The Johns Hopkins Hospital, Baltimore, MD Anthony J. Bleyer, MD

DHMH - 16 60M 7/84 (VRA 15, 4) 1935 RAR 256 REGISTRATS AND

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315	5.2.7 AUG		CEASED NAMI	e FIRST	n a red	James	Mack	ovec	Tr.		13	DATE KN OF E DEATH M	IOWN STILL	MONTH	DAY YEAR 30 19 87	26 HOU
	RY, REA DURECTO DUR FILE 72 HOUT ON STREE	a. sex	ale	4 RACE White	5. DATE OF BIRT	H Y YEAR	6. AGE (IN YE LAST BIRTHD	ARS IF UN	DER I YR.	HOURS A		DATE ONOUNCE DEAD	D	MONTH 7	30 ₁₉ 87	24 HOU
	POR PRESTOR	FOI	RTHPLACE (ST REIGN COUNTRY)	TATE OR	U.S.A.	WHAT COU	NTRY?	8 MARRII WIDOW		VER MARRIED DIVORCED		Baltimor Baltii	-	-	Y OF DEATH	A
	PAGES PAGES PAGES PAGES	Ba	1timor	e	11. NAME OF HO (IF NOT IN SUCH	OSPITAL, NU IFACILITY, GIVE: Berger	STREET ADDRESS)		R INSTITUT		20 USUAL	OCCUPAT	TION (TYPE	OF WORK	OR INDUS	TRY
.21201	ANN D AND 3 RETAIN HOULD RECORD	Ma	ryland	13b. COU	OR OTHER INSTITUTION,	GIVE RESIDENC	e BEFORE ADMISS Y OR TOWN ltimore		13d. INSIDE CI			ADDRESS 7 Ber	ger ,	Ave.	21206	
ORE, MD	DEATH CRN 3 CRN 3 CRN 3	1	Bernard	i J			ec, Sr.		F	R'S MAIDEN	NAME	MIDD			radsky	
BALTIM	APTER GENERAL THE FOR PAGES VISION	No.	S, NO, OR UNKNO		E WAR OR DATES)	21"	7-58-97			Grac	ce Ma		c S		s #13e	
THE	1	183	18. CAUSE O PART I DE	ATH WAS CAUS	ATE CAUSE (o)	Cardi	ac arrhy			5 733					APPROXIMA BETWEEN ONS	TE INTERVAL
PREST	WINE ENCIR MINE TRANSIE NIALHY		gave ris	ns, if any, which se to immediat	h e (b)	focal	myocard	itis								
S. 201 W	EXA/ EXA/ RIAL- JD ME		lying cou		(c)		NSEQUENCE									
ECORD		NOI			S CONTRIBUTING TO DEA	TH BUT NOT REL	ATED TO THE TERA	AINAL DISEASE	OR CONDITION	N GIVEN IN PART I	1 (0					
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DIVISION OF VITAL RECORDS,	G THE W TO THE HOULD E HOULD E ARTMEN	MEDICAL CEI	UNDERLYING CONTRIBUTION	NG CAUSE OF	DEATH P	.M.	DAY YEAI	2		OCCURRED	(ENTER NAT	URE OF INJURY	IN ITEM 18 P	PART I OR PART	T 2]	
DIVIS	INER: THIS CERTIFICATE SHE ISCATE, WRITING THE WORL TORK PAGE 3 SHOULD BE UT THE STATE DEPARTMENT O AND, 21201 PRIOR TO BUR	MED	21d. INJURY C	NOT WHILE AT WORK		E OF INJURY ACTORY, FARM, 1		21f. LOC	REET		c	ITY OR TOWN		COU	NTY	STATE
_)	ECERTIFICATE, DULD BE FORV L DIRECTOR: P. WITH THE SI MARYLAND, S. MARYLAND, S.		22a certil	/ //	oral spuses	Secretary sing		Autops		Inspection [Undetern	Inquery		d in my opi	nian	
	AL EXA HE CERT HOULD IAL DIRE KTH, WIT E, MAR		ACTUAL SIGNATURE	116	6/17	SOF	~	M.	TITLE (SI	PECIFY) stant_	_MEDICA	L EXAMIN	ER	DATE	7-31-	87
	TO MEDICAL E EXECUTE THE C PAGE 4 SHOUN TO FUNERAL D AFTER DEATH, N BALTIMORE, M		EXAMINER'S (TYPE OR PRIN	NAME Cha	rles P. I								alto.	Md.	21201	
07/84 25M	BP 97	(5)	Burial	TION, REMOVAL	236 DATE 8-3-87		Holy R		er	1000	23d. LOCA CITY OR 1 Ba	1timo	re, l	Maryl	and	STATE
23/M	DHMH - 17 (VR A15 ME (5))		NERAL DIRECT NAME Onard		, Inc. ADDRE	altimo	ore, Mar	yland		250. DATE REC	UG O	3 19	37 E	RAP'S SI	Colors 1	Conditions

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Impletely filled in by the funeral director page 3 ond 2 should be filed within 72 hours ofter death

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

CERTIFICATE OF DEATH

1	1	9	O	C
REG. NO				

- 1	* *KEOISTIKAK							REG.	NO			3	,
ľ	1. DECEASED NAME FIRST		MIDDLE		LASI		20 DAT	E OF DEATH	MONTH	DAY	YEAR	26 HOL	JR .
L	Wilson		Ma	ck,	Sr.				7	15	87		М
I		RACE		S. DATE (AY YEAR	6 AGE	(IN YEARS LAST E	JRTHDAY	MONTHS	DAYS	HOURS	MIN.
	Male	Black		8	1			77	YRS				
1	To BIRTHPLACE (STATE OR FOREIGN 76	CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D 🖾 NE	VER MARRIED	9 BALT	MORE CITY	_		ATH		
1	S.C.	U.S.		WIDOW	ED 🗍	DIVORCED [Balti					MD.
	Baltimore		HOSPITAL, NURSIN CHEACILITY GIVE STREET / DINCTAIN		OR OTHER	INSTITUTION	(TYPE OF	JALOCCUPA WORK FOR MOST tired		LIFE) INC	KIND OI DUSTRY	F BUSINI	ESSOR
t	USUAL RESIDENCE (IF NURSING HOME OR OT	THER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)									
1	13a. STATE 13b COUNTY	Y	Baltimor		YES [4011	Sinc	air L	ane_	2121	L3	
	14. FATHER'S NAME FIRST MI	DDLE	LAST		15. MOT	HER'S MAIDEN NAI	WE	MIDDLE			LASI	ī	
	Thomas		Mack		1	Nelle					Poe	5	
T	160. WAS DECEASED EVER IN U.S. ARMI	ED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFC	RMANT		ADD	RESS				
L	No	A DAILS)	249-07-9	9-07-9335 Jessie Mack 4011 Sinclair La									
	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if only, which gove rise to immediate	BY: CAUSE (a)	Lung R AS A CONSEQUE	C	ance	20					APPROXU BETWEEN O	MATE INTE	
	PART 2 OTHER SIGNIFICANT CO	DNDITIONS <u>Co</u>	R AS A CONSEQUE	DEATH BUT				EASE OR CO		FIVEN IN			0
1	RIFIC						YES [NO X		TIFYING (CAUSES	OF DEAT	
100	OR CONTRIBUTING CALLES OF DEATH	. 1	FINJURY M. MONTH DA M.	Y YEAR		W INJURY OCCURE	RED (ENT	ER NATURE OF IN	JURY IN ITEM 18	8 PART I OR	PART 2)		
ı	21d, INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (AT HOME STO	OF INJURY REET FACTORY OFFICE, F.	ARM, ETC)		STREET		CITY OR	IOWN	co	YINU	5	STATE
١	22a. I certify that (1) (this hospitol sow the deceased alive on above (1) (we) (did) (did not)	614	.19	37/	nd that in	, 19 <u>87</u> (my) (aur) opinion (deoth occ	To d	dole and he	our and f	Z, t	that (I) (causes st	we) last ated
	226. SIGNATURE	1- /	Tolerek	le,	M.D	ATTENDING PHYSICIAN	MEDIC	CAL ST	AFF ICIAN 🗌	22	7/1	SIGNED	37
	Peter J.	13 .		1.0.	22e AD								
	230 BURIAL, CREMATION, REMOVAL	236 DATE	23c. N	IAME OF	CEMETERY	OR CREMATORY	23d L	OCATION CITY OR TOWN		COUN	13.4		STATE
	Burial	7-20-	-87 Mc	ount	Zion	Cementary	V I a	nsdown	10				MD
	24 FUNERAL DIRECTOR		APRIORES			25a DAT	E REC'D.	BY REGISTRA	R 250 REGI	STRAPS	SIGNAN	Rado	D.
1	Win C March F/H		1101 E. N	orth	Ave.	J	JL 1	7 1987	guite	p possi			

DHMH - 16 60M 7/84 (VRA 15, 4)

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IMPORTANT: If Hem 21 is marked or Hem 18 shaws ony injury, or other traumatic event, the medical exa TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physiciani and cashould be detacked for use as the burial-transit permit. Then please remove carbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removel.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by the funeral director page 3 should be detached for use as the burial-transit permit. Then phone are propopers. Pages trand 2 should be filled within 72 hours after death with the State Dept of Health and Mental Hygiene prior to burial, certained or removal.

must be positived of once.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE,

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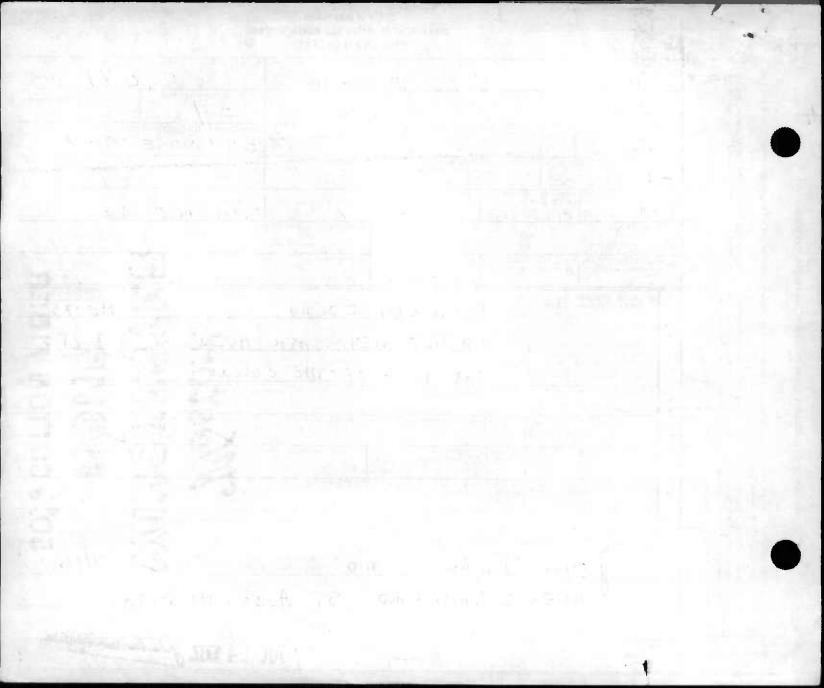
	1.	FOR STATE REGISTRAR	1 9	3 6	2				
4	1. DEC	EASED NAME FIRST	MIDDLE	ı	AST	REG. N	MONTH 7, DAY	S YEAR ROW	HOUR
		OR PRINTS	MADELEINE	MAC	ONACHY		7/8	ICH	7:40P M
1	3. SEX	4	RACE	5. DATE C		6. AGE (IN YEARS LAST BE			UNDER 24 HRS
		FEMALE	WHITE	MONTH	30/1932	54	YRS		OURS MIN.
150		OUNTRY	b CITIZEN OF WHAT COUNTRY?	MARRIE	D NEVER MARRIED	BALTIMORE CITY	_	DEATH	,
		WEST VIRGINIA	U.S.A.	WIDOWE	DIVORCED	BALTIM	DRE	CITY	MD.
1	R	AL TIMORE	1. NAME OF HOSPITAL, NURS IN		PITA!	12g USUAL OCCUPAT (1YPE OF WORK FOR MOST UNEMPLOYE	OF WORKING LIFE)	126 KIND OF BUINDUSTRY	
	USUA		OTHER INSTITUTION, GIVE RESIDENCE BEFOR		177			STATE	OF MD.
5	13a. S	TATE 136 COUNT BALT	TIMORE RELAY	VN	YES NO D	130 STREET ADDRESS	PLE /	IVE 2	1227
	14 FA	THER'S NAME FIRST M	IDDLE LAST		15. MOTHER'S MAIDEN NAM	AE MIDDLE		LAST	
		CHARLES	READ MACONAC	CHY	MADELINE	K.		DONOH	UE
Ħ		AS DECEASED EVER IN U.S. ARM	NED FORCES? 166 SOCIAL SECT		17. INFORMANT	ADDR	O1 E. J	OHN AVE	MILTE
4	(Y	es, no or unknown) [IF yes, give	216289	276	MARY KATHRYN		LINTHICU	M. MD.	21090
		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	y one couse per line far (a), (b), ar	nd ic	C			APPROXIMATI BETWEEN ONSE	
1		IMMEDIATE		VARY	EDEMA			HOUT	5
			DUE TO, OR AS A CONSEOU	JENCE OF				2 11	0
	1	Conditions, if any, which	(16) MASSIVE	Em	ETASTATIC	ADENO	-	27	157
-1)	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQU	JENCE OF	-1-			TREE TO	
1		underlying cause last	1 10 CARANO	mA	OF THE C	OLON			
	N	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR COM	DITION GIVEN	IN PART IIO	
	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?		VERE FINDINGS	
	TIF					YES NO	YES		10 🗆
	CER	210 ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY						
	1		LIGHT A LL MONTEN D	AV VEAD	21c HOW INJURY OCCURR		URY IN ITEM 18 PART	1 OR PART 2)	
		OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. MONTH D		21¢ HOW INJURY OCCURR		URY IN ITEM 18 PART	1 OR PART 2)	
	EDIC/	OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED	H HOUR A.M. MONTH D P.M. 21e. PLACE OF INJURY	19	21f LOCATION	ED (ENTER NATURE OF INJ	1000	1 Fee-	STATE
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH D	19			1000	1 OR PART 2) COUNTY	STATE
	MEDICA	(IF EITHER NOTIFY MEDICAL EXAMINER) 216 INJURY OCCURRED WHILE NOT WHILE	H HOUR A.M. MONTH D.P.M. 21e. PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE,	FARM ETC)	21E LOCATION STREET	ED (ENTER NATURE OF IN) CITY OR T	Own	COUNTY . that	(It (we) last
	MEDIC	(IF EITHER NOTIFY MEDICAL EXAMINER) 21d IN JURY OCCURRED WHIE NOTIFY MEDICAL EXAMINER AI WORK 22a.1 certify that (I) (this hospital sow the deceosed alive on the second alive on the deceosed alive of the deceosed alive on the deceosed alive on the deceosed aliv	HOUR A.M. MONTH D P.M. 21e. PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE, al) ottended the deceased from	FARM ETC)	21f. LOCATION STREET	ED (ENTER NATURE OF IN) CITY OR T	Own	COUNTY . that	(It (we) last
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	MEDICA	The street in	HOUR A.M. MONTH D.P.M. 21e. PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE, al) ottended the deceased from. 19 view the bady after death.	19 FARM ETC.)	21f LOCATION STREET , 19 nd that in (my) (our) opinion of DEGREE ATTENDING PHYSICIAN 22a ADDRESS	CITY OR TO	OWN 19 date and hour o	COUNTY . that	(1) (we) last
	73a B	THE STATE OF THE PROPERTY OF	H HOUR A.M. MONTH D P.M. 21e. PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE. 1) ottended the deceased from view the bady after death. 21. 21. 21. 21. 21. 21. 21. 2	FARM EIC) , OF NAME OF C	21F LOCATION STREET , 19 nd that in (my) (our) opinion of DEGREE ATTENDING PHYSICIAN 22e ADDRESS EMETERY OF CREMATORY	CITY OR TO CITY OR TO CITY OR TO MEDICAL DIRECTOR PHYSI BALTIMORE, 1234 LOCATION	OWN 19 date and hour o AFF CIAN D MD.	that from the country 22c DATE SIG	(I) (we) last ses stated NED
	73a B	THE EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify that (1) (this hospite sow the deceosed alive on obove, (1) (we) (did) (did not) 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE OR AME)	H HOUR A.M. MONTH D P.M. 21e. PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE, al) ottended the deceased fram. I view the bady after death. PRINT) 23b. DATE 23c. DATE 23c.	FARM EIC) , OF	21F LOCATION STREET , 19 nd that in (my) (our) opinion of DEGREE ATTENDING PHYSICIAN 22e ADDRESS EMETERY OF CREMATORY	CITY OR TO	own 19 date and hour o	COUNTY . that	(1) (we) last
	23a B	THE STATE OF THE PROPERTY OF	H HOUR A.M. MONTH D.P.M. 21e. PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE, al) ottended the deceased fram. I view the body after death. PRINT! 23b. DATE 7/10/87 WI	FARM EIC) , OF NAME OF CESTVIE	216 LOCATION STREET 19 and that in (my) (our) opinion of the control of the control opinion opinion of the control opinion opi	CITY OR TO	own 19 date and hour o	that from the country 22c DATE SIG	(I) (we) last ses stated NED

DHMH - 16 60M 7/84 (VRA 15, 4)

IMPORTANT: If them 21 is morked or frem 18 shows ony

retained by the hospital or attending physician

BP.



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death

retained by the haspital ar attending physician.

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ist be notified at ance.

MPORTANT: If Hem 21 is marked ar Item 18 shaws any injury, ar ather traumainc event, the

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STATE OF MARYLAND	_	
ARTMENT OF HEALTH AND MENTAL HYGIENS CERTIFICATE OF DEATH	7	
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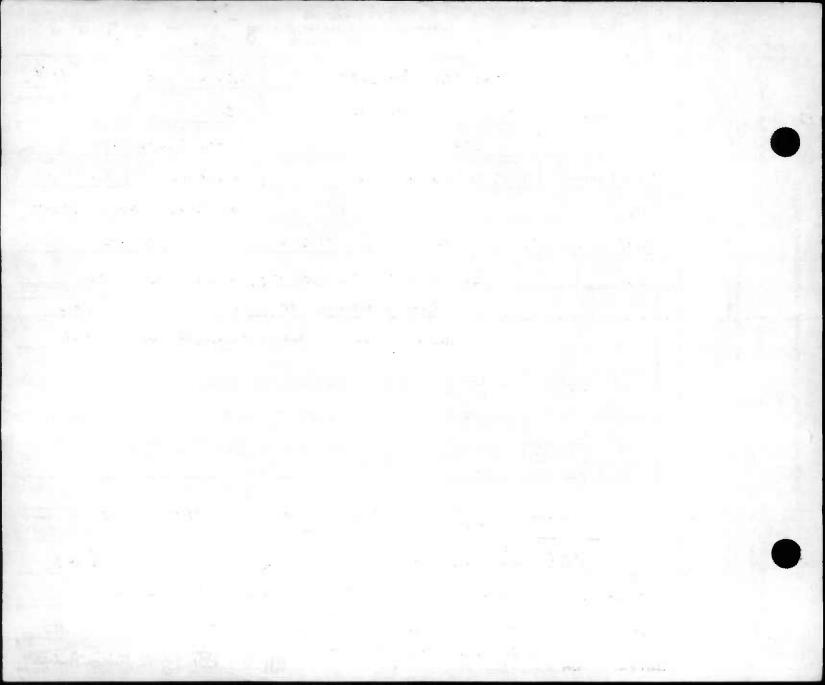
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1987

FOR STATE REGISTRAR	DEPAR		EALTH AND MENTAL HY	GIENS /	98	6 3
1DECEASED NAME FIRST	MIDDLE	ı	AST	20 DATE OF DEATH	MONTH DAY YEAR	2h HOUR
(TYPE OR PRINT) MAR	IAN SHRIVER	MACS	HERRY	July 4,	1987	11 3 AM
3. SEX	4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIR		
Female	White	May	14,001893	94	YRS.	S HOURS MIN.
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	(2 8	D NEVER MARRIED	_	RCOUNTY OF DEATH	
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE 4401 Roland	ING HOME C	OR OTHER INSTITUTION		F WORKING LIFE! INDUSTI	OF BUSINESS OR
Baltimore	E OR OTHER INSTITUTION GIVE RESIDENCE BEFO	– –	16	Homemak	EL. OM	n Home
130 STATE 13b CC	DUNTY 13c. CITY OR TO		13d INSIDE CITY LIMITS?	136 STREET ADDRESS A	zip code and Ave.,	21210
14 FATHER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN N	AME		LAST
Benjamin	F. Shrive	er	Hellen	MIDDLE	Mac Sherr	
160 WAS DECEASED EVER IN U.S.		CURITY NO.	17. INFORMANT	ADDRE		,
(YES, NO OR UNKNOWN) (IF YES	GIVE WAR OR DATES)	2395	Charles	n. Macshe	rry. Sa	ime
	r anly one couse per line for (a), (b), (I GUIGI ICO U	. Heconic		OXIMATE INTERVAL EN ONSET AND DEATH
PART I. DEATH WAS CAL	1000 011		somean Acc	· DENT		3 Hing
PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CONSEO	O DEATH BUT		MINAL DISEASE OR CON	DITION GIVEN IN PART 206, #F YES, WERE FIN	DINGS USED
111				YES NO	YES [NO [
OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MONTH	DAY YEAR		RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 ORPART :	2)
216 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	E. FARM ETC	211 LOCATION STREET	CITY OR TO	WN COUNTY	STATE
22e I certify that (I) (this he saw the deceased alive	on 19.	87 , 01	nd that in (my) (and opinion DEGREE ATTENDING, PHYSICIAN		22c. DA	that (I) (wo) last the couses stated JE SIGNED
22d PHYSICIAN'S NAME (17)			22e ADDRESS	e St., Bal		
236. BURIAL, CREMATION, REMOV (SPECIFY) Burial	/AL 23b DATE 23a		I EMETERY OR CREMATORY athedral	Balto.	·	MO
24 FUNERAL DIRECTOR H.	W. Jenkins, ADD45		25a D.	ATE REC'D. BY REGISTRAR	256. REGISTRAR'S SIGN	IATURE

DHMH - 16 60M 7/84 (VRA 15, 4)



TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending should be detached for use as the burial-transit permit. Then please remove carbon with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar rei

BP.

DHMH - 16 60M 7/84

(VRA 15, 4)

061465

in by the funeral director, page 3 pe filed within 72 hours offer death

STATE OF MARYLAND

30	187	FOR STATE REGISTRAR				CERTIF	EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.				
		EASED NAME OR PRINT)	FIRST EE	٨	AIDDIE		DDOX	2a DATE OF DEATH	MONTH 7	27 87	b HOUR	
3	3. SEX			RACE	А	S. DATE C		6. AGE (IN YEARS LAST BI			F UNDER 24 HRS	
		male		Blac	R	MONTH		72	YRS	MONTHS DAYS	HOURS MIN.	
7		THPLACE (STATE OR F	OREIGN 7b	CITIZEN OF V	WHAT COUNTRY?	8 MARRIEI WIDOWE	NEVER MARRIED DIVORCED	9 BALTIMORE CITY OF	_	Y OF DEATH	MD	
33 T	0	A Himore			HOSPITAL, NURSIN H FACILITY, GIVE STREET V. Da Clas C		of other institution	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST)	OF WORKING L		BUSINESSOR	
	13a. S	MD.	13b COUNTY		BA HIM	'N	136 INSIDE CITY LIMITS?	130 STREET ADDRESS 272 N.D.	/ ZIP COD	ect. Beth	2123, more M	
3		ALBERT		DDIE	MÄDDO		15. MOTHER'S MAIDEN NA MYRTLE	MIDDIE		HA	RRIS	
1	16a W	AS DECEASED EVER	IN U.S. ARME		212-20	- 4 4	MABLE MADDO	X 22		DURHAM C	г, 2120	
	CERTIFICATION	Conditions, if ony, gove rise to improve (o), stoling underlying couse PART 2 OTHER SIGNATE OF OPERA	nediote g the lost.	DUE TO, OI		ENCE OF	NOT RELATED TO THE TERM	VINAL DISEASE OR CON	20b. IF YE	S, WERE FINDING		
1	-	21a. ACCIDENT WAS UNI		21b TIME O	F INJURY M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR	YES NO	Y	IFYING CAUSES C ES	NO [
1	8	(IF EITHER NOTIFY MEDI		P.,	AA	19						
	MEDICAL	21d. INJURY OCCUR	RED	21e PLACE			211. LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE	
	MEDI	21d. INJURY OCCUR	(this hospito	21e PLACE ((AT HOME STR	OF INJURY REET, FACTORY, OFFICE, F e deceosed from	ARM ETC)	, 19 and that in (my) (our) opinion DEGREE	, to	lote and ho	. 19 th	ot (I) (we) lost uses stated	
1		21d. INJURY OCCUR! WHITE NOT WE AT WORK 22a. I certify that (I) sow the decess obove, (I) (we) (a	RED (this hospito) ed olive on _ did) (did not) AME (TYPE OR P B . S /	21e PLACE (AT HOME STR	OF INJURY LEET, FACTORY, OFFICE, F e deceosed from ofter deoth. MT ER M?	or	, 19	, to	lote and ha	, 19 th	ot (I) (we) lost uses stated	

0593

FOR STATE REGISTRAR		DEPARTM	STATE ENT OF HI CERTIFI	8 7	. NO.	9	8	6	7		
1. DECEASED NAME FI		MIDDLE	MALA	MPHY	Jr.	20 DATE OF DEAT	7	DAY 8	YEAR 87	841	JR JP
s sex Male M	RACE Ca	ucasian I	5. DATE O	F BIRTH 977	*21	6. AGE (IN YEARS LAS	T BIRTHDAY)	IF UNDER		IF UNDER	74 HI
To BIRTHPLACE (STATE OR FOREI COUNTRY) Cumberland N		MHAT COUNTRY?	MARRIED WIDOWE		MARRIED	9. BALTIMORE CIT	Y OR COUNT		ATH		
10 CITY OR TOWN OF DEATH BALTIMORE		HOSPITAL, NURSING HOSPITA		R OTHER IN	STITUTION	TYPE OF WORK FOR MC Sales M	ST OF WORKING I	IFE) INDI	KIND OF USTRY gr.	BUSIN	
130 STATE / 13b	county altimore	GIVE RESIDENCE BEFORE A 13c CITY OR TOWN Catonsv	1	13d INSIDE	CITY LIMITS?	STREET ADDRE	ss/zpcor outhri	dge	Rd	212	22
Thomas	MIDDLE J.	Malamph	y Sr		r's maiden na nche	ME Oliv	re	R	iley	7	
160 WAS DECEASED EVER IN ((YES, NO OR UNKNOWN) (18	J.S. ARMED FORCES? VES GIVE WAR OR DATES	166 SOCIAL SECUR		17. INFORM	ANT 1 N	. Beaume	Prt Av	enue			

Yes	MM TT	216-18-1687 Mary K. Singleton	21220
18 CAUSE OF DEATH PART I. DEATH WA	(Enter only one cou AS CAUSED BY: IMMEDIATE CAUSE	o) MASSIVE PULMONARY EDEMA	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any,	which (O, OR AS A CONSEQUENCE OF HEART FAILURE	DAYS
couse (o), stoting underlying couse	the This	O, OR AS A CONSEQUENCE OF ALCOHOLIC CARDIOMY OPATHY	YEARS.
PART 2 OTHER SIGN	IFICANT CONDITIO	NS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITI	ON GIVEN IN PART ILO

TIFICATION	BRONCH 190 DATE OF OPERATION	PNEUM OJULA - L	LEFT LOWE	200 AUTOPSY? YES NO				
CAL CER	71a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c HOW INJURY OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART 2)			
MEDI	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	71e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOV	VN COUNTY	STAT		

22a.1 certify that (1) (this hospital) attended the deceased from and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING PHYSICIAN MEDICAL DIRECTOR STAFF M.D

22e ADDRESS

23c. NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, REMOVAL

23d LOCATION (SPECIFY) Rocky Cap, Allegany,
25e DATE REC D BY REGISTRAR 256 REGISTRAR 3 SIGNAL PROPERTY. VA Cemetery

07-11-87 Frederick 74 FUNERAL DIRECTOR 301 Frederick Road 21228
Mac Namb Funeral Home, Catonsville, MD

MD

DHMH - 16 60M 7/84 (VRA 15, 4)

Poges

by the offe

prior isit permit.

morked or Hem 18 shows

IMPORTANT: If hem 21 is

MEDICAL

should be detoched for use as the burial-transit per with the State Dept. of Health and Mental Hygiene

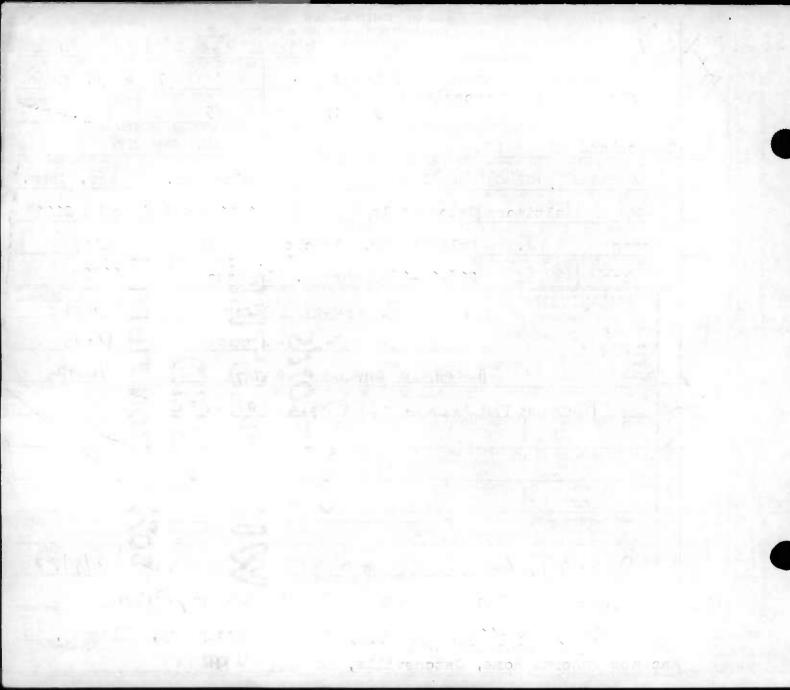
OR ATTENDING

TO HOSPITAL

etoined by the hospitol or

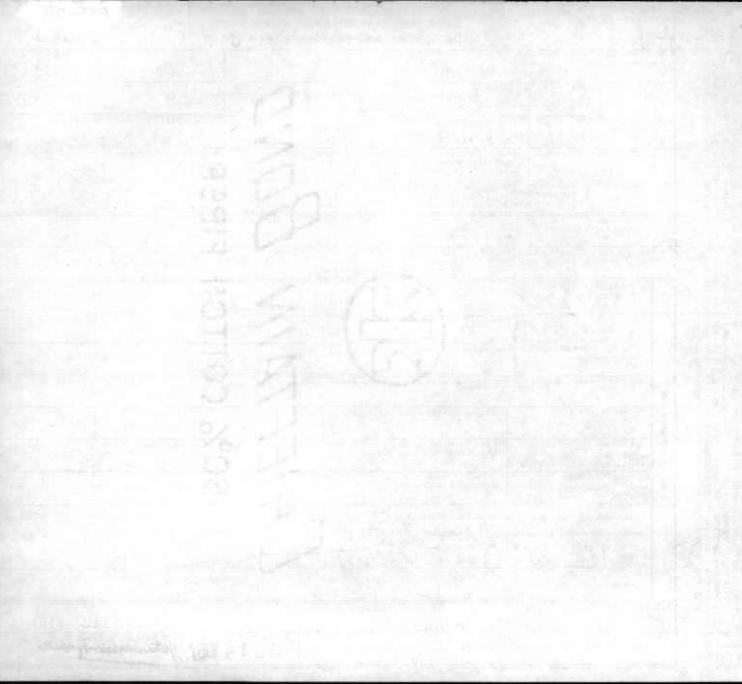
BP.

TO FUNERAL DIRECTOR.



(VR A15 ME (5))

STATE OF MARYLAND



								FOR
0	6	0	7	1	5	JUL	27	FOR BREGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

7 8 TATE	DEI ARTIM	CERTIF	9 8	6/				
T. DECEASED NAME (TYPE OR PRINT) MARIE	VERNA	M	Anchey	20 DATE OF DEATH	MONTH	DAY YEAR	725 PM	
3 SEX FEMALE	WhiTe	S. DATE C		6. AGE (IN YEARS LAST BIR	THDAY) YRS	IF UNDER LYEAR IF UNDER 24 MRS. MONTHS DATS HOURS MIN.		
Maryland	CITIZEN OF WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED DIO	9 BALTIMORE CITY O	E COUNT	u Cite	MD.	
Battemois	1. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A	DORESS)	DR OTHER INSTITUTION	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST C	F WORKING L	INDUSTR	of Businessor. r-Lambert	
USUAL RESIDENCE (IF NURSING HOME ORD 136 STATE 135 COUNT Maryland Balti	Y 13c. CITY OR TOWN		13d. INSIDE CITY LIMITS? YES NO		zip cop ney F	Road, 2	1227	
William	Schott	a	IS MOTHER'S MAIDEN NAM	WIDDLE			chthorn	
160 WAS DECEASED EVER IN U.S. ARM {YES, NO OR UNKNOWN} (IF YES GIVE Y	ED FORCES? 166 SOCIAL SECUR WAR OR DATES! 215-07-0		Charles M. S	cheiner, 10		Malcolm	Circle	
PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	1 / 00/6/	NCE OF	EVEL 700	15-13100	D			
	ONDITIONS CONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GI	VEN IN PART	110	
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	IN CERT	S, WERE FIND IFYING CAUSE ES	DINGS USED ES OF DEATH? NO	
00 00 170 171 171 171 171 171 171 171 17	216 TIME OF INJURY HOUR A.M. MONTH DA P.M.	Y YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18	PART 1 OR PART 2		
OK CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 214 IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE, FA	RM ETC)	21f LOCATION STREET	CITY OR TO	IWN	COUNTY	STATE	
22e.1 certify that (1) (this haspital saw the deceased alive an above, (1) (we) (did) (did nat) 22b. SIGNATURE	I) attended the deceased from	, ai	nd that in (my) (aur) apinian o	, to death accurred on the d	ate and ha	ur and from th	e, that (I) (we) last ne causes stated IE SIGNED	
James 8	Tala		M.D. ATTENDING PHYSICIAN F	MEDICAL STA		7/	23/87	

TO FUNERAL DIRECTOR MPORTANT: If he BP.

hauld be detached

DHMH - 16 60M 7/B4 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL (SPECIFY) 236 DATE 7/25/87 Burial
24 FUNERAL DIRECTOR

224 PHYSICIAN'S NAME (TYPE OR PRINT)

ST. AGNES AYER, M.D 230 NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery

22e ADDRESS

23d LOCATION
CITY OF TOWN
Baltimore

Maryland COUNTY

Hubbard Funeral Home, Inc., 4107 Wilkens Ave.

REGISTRAR 256, REGISTRAR'S SIGNATURE

THE REST TO LIKE

JUL 24 19

	1	FOR ilm G629 Item	1.15 7-21-87 pro-	STATE	OF MARYLAND	18MB	
/	1.	STATE REGISTRARPER certific	ate of Bantism	SB CERTIF	CATE OF DEATH		0
9 0014	1 DE	CEASED NAME FIRST	WIDDLE		ST DEATH	REG. NO.	DAY YEAR
3 4		ORPRINT) JAMES		m	ONTIN	7	9 97
per	3. SE		I. RACE	5. DATE O	F BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	FUNDER LYFAR I IF UNDER 24 HRS
ctor.		MALE	WHITE	MONTH	DAY YEAR	77	MONTHS DAYS HOURS MIN.
Pog dire		RTHPLACE (STATE OR FOREIGN 7	b. CITIZEN OF WHAT COUNT	RY? 8.	07 10	9 BALTIMORE CITY OR COU	NTY OF DEATH
eoth.		MARYLAND	USA	WIDOWE	NEVER MARRIED .	BAIT	ity MD
Ged with d	10. C	TY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE ST	RSING HOME O		120 USUAL OCCUPATION	126. KIND OF BUSINESS OR
\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	1	BALTIMOIE	MIFM	55		(TYPE OF WORK FOR MOST OF WORKIN	INDUSTRY W/C
hou hou d'in d'be	USU.	AL RESIDENCE (IF NURSING HOME OR COTATE 136 COUNT			13d INSIDE CLEVILIMITS?	13e.STREET ADDRESS / ZIP C	
Tell only		MD B		LT	YES NO	3019 ELLIOT	
within etely 32 sl	14. FA	THER'S NAME FIRST M	IDDLE LAST		15. MOTHER'S MAIDEN NAM		LAST
om of one		FRANK		VTIK	MARTE	Stella Woznia	
n ond e Poges		VAS DECEASED EVER IN U.S. ARM	WAR OR DATES)		17 INFORMANT	ADDRESS	
_ 0 vi		3	215-1	10-845	2 Kr St	HILDKROUT	
hysicin poper ovol.		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	DV				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ng ph boonp remo			CAUSE (0) RE	SPIRA	TORY ARI	RES!	
oth c cordin n, or motic			DUE TO, OR AS A CONSE	QUENCE OF			
dec nove ofici		Conditions, if ony, which gove rise to immediate	(b)				
by the		couse (o), stoting the underlying couse lost.	DUE TO, OR AS A CONSE	QUENCE OF			
pleas pleas			((c)				
signed.	Z	PART 2 OTHER SIGNIFICANT CO	CEA O			INAL DISEASE OR CONDITION	GIVEN IN PART 110
9 - 0 ×	ATE	19a, DATE OF OPERATION	196 CONDITION FOR WH		PLEGTA	20g AUTOPSY? 20b. IF	YES, WERE FINDINGS USED
	CERTIFICATION				· · · · · · · · · · · · · · · · · · ·		RTIFYING CAUSES OF DEATH?
N: The le sysicion. cote hos onsit per Hygiene 8 shows	ERT	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM	
SICIAN: ng phys certifico riol-troi entol H)		OR CONTRIBUTING CAUSE OF DEATH	7	DAY YEAR			
ding ding ding burich wen	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 21e PLACE OF INJURY	19	211 LOCATION		
G Pten ond ond ked o	M	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFI	CE, FARM, ETC)	STREET	CITY OR TOWN	COUNTY STATE
or or see or more more		22a I certify that (I) (this hospita	ol) ottended the deceosed fro	m Bon	2 24 19 8	2.10 7049 7	19.87, that (I) (we) lost
Pritol TTEN TOR for u of His		sow the deceased alive on_ above, (1) (we) (did) (did not)	JULY 9		d that in (my) (our) opinion d	leoth occurred on the dote and	hour and from the couses stated
hos hos hed hed ept tem		22b. SIGNATURE	O OO A	D	EGREE		22c. DATE SIGNED
AL D AL D Jeroc ore D ore D IT: If		Kenneth Sk	ellhout y	no	ATTENDING PHYSICIAN	MEDICAL STAFF	17-9-87
SPITA d by NERA be de e Stot		224 PHYSICIAN'S NAME (TYPE OR	PRINT		22e ADDRESS		
reformed TO FUNI should by with the IMPORTA		KEN SHIL	DKROUT M	0	mi	TEMSS	
D = 1 + 3 ₹		URIAL, CREMATION, REMOVAL	23b. DATE 2	3c NAME OF CE	METERY OR CREMATORY	23d LOCATION	
BP	В	ÜRTAL	07/13/87	ST. ST.	ANISLAUS CE		COUNTY STATE
DHMH - 16 60M 7/84		INERAL DIRECTOR	ADDRES		25a. DATE	REC'D BY REGISTRAR 251 REC	
(VRA 15, 4)	LI	LLY & ZEILER, IN	C. 1901 EASTER	RN AVE.	21231	10 1901	

ATTENDING PHYSICIAN, The law requires that

versioned by the haspitol or connecting physician

TO HOSPITAL

BP

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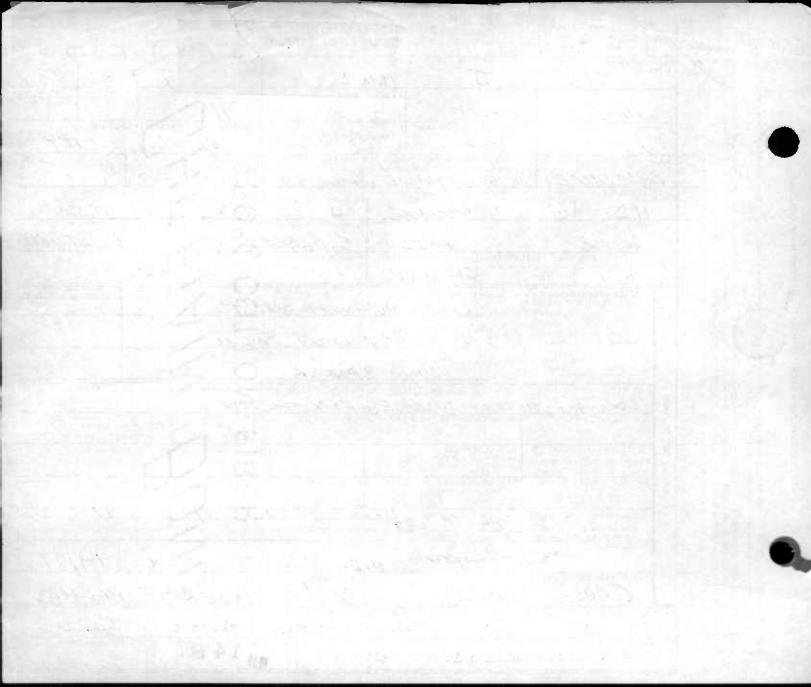
n and completely filled in by the funeral director, page. Fages 1 and 2 should be filled within 72 hours other deal

STATE OF MARYLAND

	3 8	MIL	/1 (11)	MINIE	MIND	
DEPARTM	ENT O	F HEA	LTH	AND	MENTAL	HYGIENE
	CERT	IFIC	ATE	OF	DEATH	

XX	3	REGISTRAR Leo J			CERTIFICATE O		REG. N		7 0	0
8		CEASED NAME FIRST	MIDDE	lE.	AA O (A T		28. DATE OF DEATH	MONTH I	87	2b. HOU
		heo he	ال مادة		MAN2		6. AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER
	1. 5E)		4 RACE		5. DATE OF BIRTH	Y YEAR	O. AGE (IN TEARS LAST BIR		MONTHS DAYS	HOURS
		MALE	WHITE	<u> </u>	2 28	16	H	YRS		
20	HH	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHA	AT COUNTRY?	MARRIED NEV	ER MARRIED	9. BALTIMORE CITY C			
10		Maryland	USA		WIDOWED	DIVORCED [10400	E C	179
11-	10. CI	TY OR TOWN OF DEATH		PITAL, NURSING CILITY, GIVE STREET AC	HOME OR OTHER I		120 USUAL OCCUPATE TYPE OF WORK FOR MOST OF LIAD, TECHN	ON DE WORKING LIFE	126 KIND (INDUSTRY	OF BUSINE
15	K	HLTINORE	SOUTH B	ALTIMON		4 HOSP	Lab. Techn	ıcıan	Amo	co
5	Lietiz Tax. 5	AL RESIDENCE (IF NURSING HOME C		CITY OR TOWN		DE C'TY LIMITS?	13e.STREET ADDRESS	ZIP CODE		
50	15.5	M.D. V Our	A.A. B	PLTIHOR	_		5230 14	th Sti	reet 21	.225
-	14. FA	THER'S NAME	WIDDLE	LAST	15 MOTH	IER'S MAIDEN NA	ME		11.	\$1
2)	CEORGE	MIDDLE .	MANZ	EL	124BET	4		464	TNE
00		VAS DECEASED EVER IN U.S. A		SOCIAL SECUR	ITY NO. 17. INFOR	4	ADDR			7.0
2	1		VII 2	15/0337	O Ber	tha A. M	anz Same	as 136	9	
			anly ane cause per line	far (a), (b), and	Ici.I				APPRO)	CIMATE INTER
		PART I. DEATH WAS CAUS	ED BY:	Benia	Dulainall	LEN ARR	EST		SCHREETS	OLSSET ALSO
other traumances		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS	A CONSEQUEN	RESPIRA	TORY FA	ALURE			
jury, or other traumatic ex	Z	Canditians, if any, which gave rise ta immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS (b) DUE TO, OR AS (c)	A CONSEQUEN	NCE OF CANO	TORY FA	AILURE IINAL DISEASE OR CON	DITION GIV	EN IN PART 1	a·
y injury, or other troumatic ex	TION	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CORDNANY	DUE TO, OR AS (b) DUE TO, OR AS (c)	A CONSEQUEN	NCE OF CANO	TORY FR	AILURE LINAL DISEASE OR CON			
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Shows only injury, or other troumonic ex	ERTIFICATION	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CORDINARY THE DATE OF OPERATION	DUE TO, OR AS (b) 2 DUE TO, OR AS (c) CONDITIONS CONT DETENX	A CONSEQUENT OF THE PROPERTY O	NCE OF CANO EATH BUT NOT RELA SE HX	TORY FA	AILURE AINAL DISEASE OR CON THE AUTOPSYT YES AUTOPSYT	70h IF YES IN CERTIF YES	WERE FINDS	NGS USED S OF DEAT
n 18 shows only injury, or other traumances	IL CERTIFICATION	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CORDINARY THE DATE OF OPERATION	DUE TO, OR AS (b) DUE TO, OR AS (c) CONDITIONS CONT PETERX ISE CONDITION THE TIME OF INHOUR A.M.	A CONSEQUENT OF THE PROPERTY O	NCE OF CANO EATH BUT NOT RELA SE HX PERATION WAS PER	TORY FA	AILURE LINAL DISEASE OR CON SOM THE AUTOPSYT	70h IF YES IN CERTIF YES	WERE FINDS	NGS USED
A B A B Indian only injury, or other traumatic en	122311	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CORDINARY THE DATE OF OPERATION	DUE TO, OR AS (b) DUE TO, OR AS (c) CONDITIONS CONT DETERY THE TIME OF IN- HOUR A.M. III.	A CONSEQUENT OF THE PROPERTY O	NCE OF CANO EATH BUT NOT RELA SE HY PPERATION WAS PEI YEAR 19	TORY FA	AILURE AINAL DISEASE OR CON THE AUTOPSYT YES AUTOPSYT	70h IF YES IN CERTIF YES	WERE FINDS	NGS USED S OF DEAT
ed or frem 18 shows only injury, or other traumathic en	MEDICAL CERTIFICATION	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CORDINALY THE DATE OF OPERATION THE NUMBY OCCURRED	DUE TO, OR AS (b) 2 DUE TO, OR AS (c) 2 CONDITIONS CONT PATTERN X 196. CONDITION THE TIME OF IN HOUR A.M. 191. PLACE OF IN	A CONSEQUENT OF THE PROPERTY O	NCE OF CANA EATH BUT NOT RELA SE HY SPERATION WAS PER 19 111 LOCA 19	TORY FA	AILURE AINAL DISEASE OR CON THE AUTOPSYT YES AUTOPSYT	20h IF YES IN CERTIF VE:	WERE FINDS	NGS USED S OF DEAT
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DHMH - 16 60M 7/84 (VRA 15, 4)



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR MIDDLE 20 DATE OF DEATH MONTH 2b. HOUR HOWARD MARCUS 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF LINDER TYEAR 3 SEX MONTH DAY YEAR Mile (ducasian 15 27 11 TO BIRTHPLACE (STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Marvland U.S.A. BALTIMORE WIDOWED DIVORCED ID CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION
(TYPE PROPER PROPERTY OF WORKING LIFE) 176 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) MALTIMANE 51N41 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) BALTIMORE MID 21215 13e.STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? 161 A 5 PARK HEIGHTS AVE 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE Marcus Walter Agnes Unknown Marcus 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT ADDRESS Yes no or unknown) 007-16-482 Jack Tucker 4615 Park Heights Ave. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) CARDIO-PULMONARY ARRES DUE TO, OR AS A CONSEQUENCE OF BACTEREMIA Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO OR AS A CONSEQUENCE OF underlying cause last. Urinary track intection PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 SYNDROWF ORGANIC 190 DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH entol (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) AT WORK NOT WHILE

DEGREE

MI

ATTENDING

and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated

DIRECTOR PHYSICIAN

STAFF

REGISTRAR 256 REGISTRAR'S SIGNATURE

MEDICAL

22c. DATE SIGNED

220.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive an abave, (I) (we) (did) did not) view the body after death

REESE

226. SIGNATURE

23a BURIAL CREMATION, REMOVAL

FUNERAL

old be de MPORTANT.

DHMH - 16 60M 7/84

(VRA 15, 4)

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ol director, page 3 2 havrs after death

STATE OF MARYLAND

DED ADTMENT OF HEALTH AND MENTAL HYCICH

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DATEO	F DEATH	HINOM	DAY	YEAR	2b HOUR
		-7	7	07	10000

3 -	STATE REGISTRAR	DEFARI	CERTIFI	CATE OF DEA	TH	8 7REG. NO		98	7 1
	CEASED NAME FIRST	MIDDLE	LA	ST		20. DATE OF DEATH	MONTH DAY	YEAR	h HOUR
C	harles	Edward	Ma	rsh411			7 2	87	10-39 AM
3. SE	X	4 RACE	5. DATE O			6 AGE (IN YEARS LAST BIRT		UNDER TYEAR	F UNDER 24 HRS
	male	Black	MONTH		YEAR Y D	47	YRS.	NIHS DAYS	HOURS MIN
7a B1	IRTHPLACE I STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED	NEVER MAR	DIED []	9 BALTIMORE CITY O		FDEATH	
	maryland	11.5.	WIDOWE			Baltimon	e Cir	+4	MD.
10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		ROTHER INSTITU	TION	12a USUAL OCCUPATION OF MOST OF	N	126 KIND OF	BUSINESS OR
18	3altimure	Francis Scott	- Ka	Medic	N	AM	** OKK 40 [[]	114003111	
	AL RESIDENCE (IF NUTSING HOME OF	OTHER INSTITUTION GIVE RESIDENCE BEFOR		13d. INSIDE CITY I	IMITS?	13e STREET ADDRESS /	7IP CODE	2123	
m	writing -	- Baltimo				301 North		dway	Apt 17D
14 FA	ATHER'S NAME	MIDDLE LAST		15. MOTHER'S MA	AIDEN NAA	ME MIDDLE		n IASTO	7
~	William	marsh	all	Lucy				CORNIS	sh
	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU	JRITY NO.	17 INFORMANT		ADDRE	SS	0 ,	po. 3
	No	217-38	-4/873	Alice	Gasle	ey 600	N.	Port	St.
	18 CAUSE OF DEATH (Enter or	aly one couse per line for (o), (b), on	d (c)		- 5			BETWEEN ON	ATE INTERVAL
	PART I. DE ATH WAS CAUSE IMMEDIA	TE CAUSE (0) MASSI	VE A	SPIRATI	on,	HEMOPTY 87	5	40-	45 min
	1/2	DUE TO, OR AS A CONSEQU	ENCE OF						
	Conditions, if any, which gove rise to immediate	(b) Tu	BERCH	LUXA 1	mpy	unA			Nest III
19	cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQU	ENCE OF						
	underlying couse lost.	(c)							
z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT I	1		INAL DISEASE OR CONE	ITION GIVEN	IN PART Tra	
18	190 DATE OF OPERATION	196, CONDITION FOR WHICH	OPERATION	NOYL 171	-	200 AUTOPSY?	TON IEVES	VERE FINDING	C LICED
FIG	7/2/87	TUBERCULOUS		PIEMA	D	200 AUTOPST:	IN CERTIFYII	NG CAUSES C	F DEATH?
CERTIFICATION	21a. ACCIDENT WAS UNDERLYING		0/11	. /	Y OCCUPP	ED (ENTER NATURE OF INJUR	YES		NO 🗆
	OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH D.		THE TIES OF HOUSE	, occorr	LE TENIER NATURE OF INJUR	I IN IIEM IS PARI	(ORPARIZ)	
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE)	P.M. 21e PLACE OF INJURY	19	21f LOCATION					
ME	WHILE NOT WHILE	(AT HOME STREET, FACTORY OFFICE,	ARM, ETC)	STREET		CITY OR TO	VN	COUNTY	STATE
	220 1 costifu that (1) (this horn	ital) attended the deceased from	61	29	0 42	7/0	2 10	F2 11	ot (I) (we) last
	sow the deceased alive an	7/2 190	F7 one	d that in (my) (our) opinion d	leath accurred on the do	te and hour a		
	22b. SIGNAJURE	it view the body ofter death.		EGREE				22c DATE SI	
	UlheenRu	+ /len	m	ATTE	NDING -	MEDICAL STAF	F	7/2	182
	27d. PHYSICIAN'S NAME (TYPE C	OR PRINT)		22e. ADDRESS	SICIAIN AS	DIRECTOR FITTSIC	INIV L		7 - 7
	VINCENT K.	H. TAM, 1	md	FRANCI	s sco	TT KEY ME	D. CENT	ER, BA	LTIMORE
23a E	BURIAL, CREMATION, REMOVAL	23b. DATE 23c 1	NAME OF CE	METERY OR CREA	MATORY	23d. LOCATION		COUNTY	STATE
	Burial	7-8-87 E	astvi	ew Memo		Baltim	ore,		Md.
	UNERAL DIRECTOR	ADDRESS			25a. DATE	REC'D. BY REGISTRAR	1	- 1 -1	RE
	March Funera	1 Home 1101 1	I. No	rth Ave	· JUL	7 1987	Julia D	anders-K	added.

BP.

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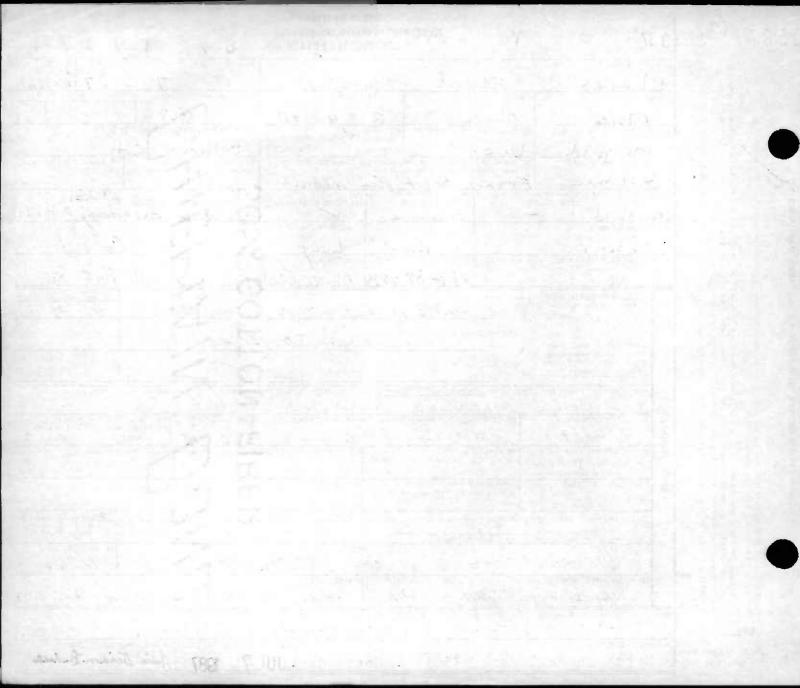
DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the atter should be defached for use as the buriol-transit permit. Then please remove

retained by the hospital or attending physicion.

should be detached for use as the burial-transit permit. with the State Dept of Health and Mental Hygiene prior

MPORTANT: If Hem 2 It's morked or the



100	712 111	1 27	FOR STATE			DEPARTA	ENT OF HE	ALTH AND M	ENTAL HYG		9	8 7	2
טסנ	112 30		CEASED NAME	FIRST	N	NIDDLE	LAS	T	BH LLU	20. DATE OF DEATH	MONIH D	AY YEAR	2b HOUR
þ.	page 3	(1100	Elsie			М.	MA	RSHALL		July	14,	1981	303AM
se 4 mov	director. po	3. SE	× Female		4 RACE W	nite	5. DATE OF MONTH	BIRTH 27	YEAR 07	6. AGE (IN YEARS LAST B	_	ONIHS DAYS	
P. P	hour direction		RTHPLACE (STATE OR FO	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIED	□ NEVER M	ARRIED 🗆	9 BALTIMORE CITY			
deoth	funeral thun 72 h		Maryland	1	USA		WIDOWED	X DIV	ORCED	Baltimor	-		MD.
- 1	9 3 9 4	10. C	ITY OR TOWN OF DEA	TH		OSPITAL, NURSIN		OTHER INSTI	TUTION	17a USUAL OCCUPAT			OF BUSINESS OR
2/ 9		EX	alcimore	1		Memorial		cal		Homemake	er .	1	
24 hours	all only	13a.	at residence if Nursi STATE aryland	136 COUN	imore	131. CITY OR TOWN Arbutus			NOX	13e.STREET ADDRESS 5505 ROCK		rive,	21227
the state of the s	d 2 sh	14. F/	ATHER'S NAME		MIDDLE	LAST	1	5. MOTHER'S	MAIDEN NA	ME		I.	AST
E Pa			Eugene			Brown			Ida	<u>M</u> .		Ba	aker
X X	Poges Fedical		VAS DECEASED EVER		MED FORCES? (E WAR OR DATES)	166 SOCIAL SECU		17 INFORMAN		ADDI		1960	
			No			216-28-	06/6	Dr. Go	rdon E	. Marshall	, 18019		
oth certificate	tending physicio ve corbon papers. ion, or removal.		PART I. DEATH W Conditions, if ony,	AS CAUSE IMMEDIA	TE CAUSE (0)	Graine for 101, (b), and	pulm	onary	Grré	st		BETWEE)XIMATE INTÉRVAI N ONSET AND DÉATH
that the de	d b he a		gove rise to immediate couse lost DUE TO, OR AS A CONSEQUENCE OF Underlying couse lost CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO, THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0										
2, 2	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Z	PART 2. OTHER SIGN	O A	conditions co	ant dis	PA CP	, C)	a bette	INAL DISEASE OR CO	NDII ION GIV	EN IN PARI	.10
NECOR	icion. Ite has be nost perm rgiene pri shows air	CERTIFICATION	19a DATE OF OPERAT	ION	19b. CONDI	TION FOR WHICH	OPERATION	WAS PERFOR	RMED	20a AUTOPSY?	IN CERTIF	, WERE FIND YING CAUSE S	PINGS USED ES OF DEATH? NO [
Z Z Z	ding physicion. s certificate has burial-transit per Mental Hygiene ar Hem 18 shows		210. ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DE	AIH	M. MONTH DA		21c. HOW INJ	JURY OCCURI	RED (ENTER NATURE OF IN	JURY IN ITEM 18 P	ART OR PART 2	
IVISION OF VITAL R	the the ond	MEDICAL	21d INJURY OCCURE	ILE	21e PLACE (OF INJURY BEET, FACTORY, OFFICE, F		211 LOCATIO STREET	N	CITY OR	IOWN	COUNTY	STATE
j (1)	TOR: After for use os of Health 21 is mort		22a I certify that (I) sow the decease above, (I) (we) (a	ed olive or	7-1	9 19 3	7/10 37_, ond) I that in (my) (, 19 87 (our) opinion	death occurred on the	dote and hou	r and from th	that (1) (we) last ne causes stated
0	IREC hed hed ept.		22b. SIGNATURE	na) (ala ni	on view me oddy	Offer death.	D	EGREE	7			22c. DA1	TE SIGNED
	MERAL DI NERAL DI State Di TANT: If I		Polo	ent	Air	ø		Р	TTENDING PHYSICIAN [MEDICAL ST DIRECTOR PHYS	AFF ICIAN	7-	19-87
90			22d. PHYSICIAN'S NA				-171-1	22e ADDRESS	5				
I	2 2 2 2 0		Rope	LH	S10								

DHMH - 16 60M 7/B4

BP.

(VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL 7/23/87 Burial

23c NAME OF CEMETERY OR CREMATORY Meadowridge Mem. Park

21229

23d LOCATION
CITY OF TOWN
Elkridge

Howard Maryland

24. FUNERAL DIRECTOR Hubbard Funeral Home, Inc., 4107 Wilkens Ave.

23b. DATE

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

JUL 2.4 1987

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

ILITI OI	HEPLET	II MILL	MITTHE	91
CERTI	FICAT	E OF	DEATH	

	1	REG.	0.	C		2 2
20	DATE	OF DEATH	MONTH	DAY	YEAR	26 HC

	1 -	FOR STATE REGISTRAR			DEPAR		EALTH AND MENTAL	HYGIEI 8	7	REG. NO.	3 7	3	4
2	7.8	EASED NAME	FIRST MAGG	37 .	WOODS		ARSHALL		DATE OF DE		DAY YEAR	26 HC 2:	
	3. SEX		-	RACE		S. DATE C		6	AGE (IN YEAR!	S LAST BIRTHDAY)	MONTHS DAY		ER 24 HRS
		Female			ack	6	27 21		66	YR			
		RTHPLACE (STATE OR F OUNTRY) MD	OREIGN		WHAT COUNTR	MARRIEI	DIVORCED				RE CITY MD.		
-		TY OR TOWN OF DEA	TH 1		HEACILITY, GIVE STR		R OTHER INSTITUTION	CUPATION OR MOST OF WORKIN		OF BUSH	VESS OR		
2		LTIMORE	ING HOME OR C	THE	JOHNS GIVE RESIDENCE REE	HOPKIN	IS HOSPITZ	AT.	Disal	oled ·			
	13a. S	TATE MD	13h COUNT		Baltin	NWO	13d INSIDE CITY LIMIT YES X NO 🗌		511 N.	Collin	ode gton Ave	. 2	1205
	14. FA	THER'S NAME	M	NDDLE	LAST		15. MOTHER'S MAIDER	NNAME		AIDDLE		AST	
		Wiley			Woods		Ella		Lo	uise	Ree	d	
		(AS DECEASED EVER		MED FORCES?	166 SOCIAL SE	CURITY NO.	17. INFORMANT			ADDRESS	77.00		
Y		No			218-14	-1729A	Verdella	Milb	urn 51	1 N. Co			
4		18 CAUSE OF DEATH	H (Enter only	y one couse per	-				100		BETWEE	NONSET AN	ERVAL ND DEATH
ı		PARTI DEATH W		CAUSE (o)	(Caspi	ratory	arrest				mi	nuk	5
		Conditions, if any,	which	DUE TO, O	RAS A CONSEC Seps	-					1-	2 da	vs
		gove rise to imm couse (a), statin underlying couse	nediate ig the	DUE TO, OI	R AS A CONSEC								1
		PART 2 OTHER SIGN	VIFICANTO	ONDITIONS CO	ONTRIBUTING T	O DEATH BUT	NOT RELATED TO THE	TERMIN	AL DISEASE C	RCONDITION	GIVEN IN PART	110	
	ON	Mul;	tiple	CVA:	s, care	liomega	ly						
2	MEDICAL CERTIFICATION	190 DATE OF OPERA	TIÓN	196 COND	ITION FOR WHI	CH OPERATIO	N WAS PERFORMED		200 AUTOPS		YES, WERE FINE RTIFYING CAUS YES		ATH?
6	AL CER	210. ACCIDENT WAS UND	CAUSE OF DEAT		M. MONTH		21c. HOW INJURY OC	CURRED) (ENTERNATUR	E OF INJURY IN ITEM	18 PART I OR PART 2		
	DIC	21d INJURY OCCURE		P. 21e PLACE	M. OF INJURY	19	211 LOCATION						
.).	ME	WHILE NOT WH	HIE 🗍	(AT HOME, STE	PEET, FACTORY, OFFK	E, FARM, ETC)	STREET		C	ITY OR TOWN	COUNTY		STATE
		220.1 certify that (I)		/		(7 7	22/87 19	77	, to	7/22		,	(we) lost
		sow the decease above, (1) (me) (c					nd that in (my) (our) op	inion dec	oth occurred o	in the date and			
		22b. SIGNATURE	-	7/	/	44	DEGREE ATTENDI	NG _	MEDICAL _	STAFF	22c. DA	E SIGNE	レフ
		22d. PHYSICIAN'S NA	are were	1	pe	/4	PHYSICIA 22e ADDRESS	AN DI	DIRECTOR [PHYSICIAN	7 //	1110	9 /
		L. PHISICIAN SIVA	Earl	Hope			Johns	H	plins	Hospita	1, 84/7	py.	0
	230 B	URIAL, CREMATION,	REMOVAL	23b. DATE			EMETERY OR CREMATO	ORY	23d. LOCATIO		COUNTY	1 57	STATE
		SPECIF Burial		17/27/8	5/	Lastvi	ew Mem. Pk.		n 1.				

DHMH - 16 60M 7/84

IMPORTANT: If Item 21 is

etained by the hospital or

BP.

TO HOSPITAL

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending p should be detached for use as the burial-transit permit. Then please remaye corbang with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or rem

24 FUNERAL DIRECTOR Wm. C. March F/H 1101 E. North Ave. (VRA 15, 4)

Baltimore MD
250. DATE REC'D. BY REGISTRAR 256. DEGISTRAR'S SIGNATURE AND ADDRESS OF THE PROPERTY OF THE PROPE

160122 JUL 21 DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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0	REG. NO	1	7	0	-
	NLO. ITO	-	- 60		0

FOR STATE REGISTRAR	DEPAR	GIENE 8 7 _{REG. NO.}	9874	
1 DECEASED NAME FIRST (TYPE OR PRINT) Robert	MIDDLE	arshall	20 DATE OF DEATH MONTH	12 87 5 HOURSO
3. SEX Male	A RACE Black	5. Date of Birth "7" 11 DAY 18AR	6 AGE (IN YEARS LAST BIRTHDAY) 6 9	MONTHS DAYS HOURS MIN.
76. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Md.	76 CITIZEN OF WHAT COUNTR USA	**************************************	Baltimore city or coun	
Balto.	11. NAME OF HOSPITAL, NUR.	sing home or other institution set address) Cemter	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING RELITED	126 KIND OF BUSINESS OR G LIFE] INDUSTRY
130 STATE 136 COL		OWN 13d. INSIDE CITY LIMITS?	3. STREET ADDRESS / ZIP CO	y Hgts. 21215
14 FATHER'S NAME F1 eming	Marshall	15 MOTHER'S MAIDEN NO Bertie	AME	LAST
160 WAS DECEASED EVER IN U.S. A (YES NO OR UNKNOWN) (IF YES, O	ARMED FORCES? 166 SOCIAL SE 220-07		ADDRESS een 54 Ben	kert Avenue
	DUE TO, OR AS A CONSECTION OF THE TOTAL OF T	SCOD.	minal disease or condition (GIVEN IN PART 110
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	216 TIME OF INJURY HOUR A.M. MONTH			YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO 18 PART I OR PART 2)
TIFETHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE AT WORK AT WORK	21e PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STATE
22a.1 certify that (I) (this has saw the deceased alive of	Reliceer		MEDICAL STAFF DIRECTOR PHYSICIAN	, 19, that (I) (we) lost hour and from the causes stated 22¢ DATE SIGNED
230 BURIAL, CREMATION, REMOVA (SPECIFY) Burial	236 DATE 236 7/17/87	Garrison Forest	Vet Owings	Mills, Md. State

DHMH - 16 60M 7/84

and Mental Hygiene prior to burial, cremation,

should be detached for use as the burial-transit permit.

with the State Dept. of Health and Mental Hygiene prior MPORTANT: If them 21 is marked or them 18 shows

this certificate has been

TO FUNERAL DIRECTOR: After

BP.

Wm C March F/H (VRA 15, 4)

24 FUNERAL DIRECTOR

1101

E. North Ave JUL 17 1987

07/84 25M

BP DHMH - 17

(VR A15 ME (5))

23a BURIAL CREMATION REMOVAL 23h DATE Burial

EXAMINER'S NAME

(TYPE OR PRINT)

237 NAME OF CEMETERY OR CREMATORY 30.87 Holv Rosary Cem.

ADDRESS

23d. LOCATION

Penn Street

COUNTY STATE

24. FUNERAL DIRECTOR Charlton F.H. 2007 Eastern Ave.

Mario F. Golle, Jr., M.D.

Balto.

Md

the sale was stated at the Asienysessum migratum maneralizam i Inchain Tucy .1 10.00 ... utoffffff . ask Abbs--1-815

torisk to term of north and the second and the seco

061752 AUG -	1'-	FOR STATE REGISTRAR ZEASED NAME FIRST	DE	PARTMENT OF HE	OF MARYLAND EALTH AND MENTAL HYG CATE OF DEATH	8 REG. NO	O. 9	8 / 6
moy be poge 3 er deoth		ORPRINTI Robert	H. 1	Morti	mer (Ir)	7	4	87 849 "
4 pi	3. SEX	Male	CALL.	5. DATE Ó	F BIRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF UNI	DER I YEAR IF UNDER 24 HRS
(g) 25 g	7e. BI	RTHPLACE (STATE OR FOREIGN OUNTRY) Varyland	76. CITIZEN OF WHAT COU	MARRIED WIDOWED	NEVER MARRIED	9. BALTIMORE CITY O	COUNTY OF D	C'ty MD.
by the fund	10.64	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	NURSING HOME OF		120. USUAL OCCUPATION OF THE CITY PEOF WORK FOR MOST OF THE CITY O	ON 12	kind of Business or industry varehouse
MARYLAND 2120 ed within 24 hours mpletely filled in by ond 2 should be fill tageniner must be he	13a. S	AL RESIDENCE (IF NURSING HOME O TATE 13b. COU	NTY 13 CITY O	Homore	13d. INSIDE CITY LIMITS? YES NO	130. STREET ADDRESS	Barner	alto.Md. 21230
		Rebert	H. Mortin	ier (Sr.)	15 MOTHER'S MAIDEN NAM DOPOTHY	A DDLE	Bri	Hinsham
ficate be executively by sizion and of dispers. Pages loval.		(IF YES, GE	PARTOR DATES 166 SOCIA	32 295Z	Anna Mary	Mortimer		as above
T. The state of th		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSI IMMEDIA	nly one couse per line for (a), ED BY: ATE CAUSE (a)		arrest			BETWEEN ONSET AND DEATH
the death the attend the attend emotion, a er fraumot		Canditians, if any, which gave rise to immediate cause (a), stating the	DUE TO, OR AS A CON	elle m	moraniel	infanct		
	NO	underlying cause lost. PART 2. OTHER SIGNIFICANT	(c) (c) CONTRIBUTION	IG TO DEATH BUT N	NOT RELATED TO THE TERMI	NAL DISEASE OR CON	DITION GIVEN IN	
RECOI no seemit ne prior	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR V	WHICH OPERATION	WAS PERFORMED	20e. AUTOPSY?	206. IF YES, WER IN CERTIFYING YES	RE FINDINGS USED CAUSES OF DEATH?
SION OF VITAL PHYSICIAN: The ending physicion this certificate has buriof-transit had Mental Hygies d or frem, 18 sho	_	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONT	H DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI	TY IN ITEM 18 PART 1 C	P PART 2)
DIVISION C ING PHYSIC r after this cer as the buric ith and Men	MEDICAL	216. INJURY OCCURRED WHILE ONT WHILE OF WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TO	wn c	OUNTY STATE
Do de E		22a.1 certify that (1) (this hasp saw the deceased alive or above. (1) (we) (did) (did no		19 8 7 and	d that in (my) (our) apinion d	, to	ote and hour and	fram the causes stated
OR he he ho ocheo		226. SIGNATURE	Bonley			MEDICAL STATE	FF	7-30-87
TO HOSPITAL etoined by the TO FUNERAL should be determined by the Store with the Store		226. PHYSICIAN'S NAME (TYPE)	BOJEHEL			RTHERMY	ar BA	T 21239
BP		URIAL, CREMATION, REMOVAI SPECIFY) Buria.]	3/3/1987	Crowns	ville. Vet.	Crownsv	ville, cou	Waryland*
DHMH - 16 50M 4/82 (VRA 15, 4)		occurrence Ba	lto.Md.2123		250 AU	BEOD. BY MOSTIVAR	25% REGISTRAR'S	AGNATI Andall

(VR A15 ME (5))

STATE OF MARYLAND

FOR - STATE

JUL

STATE OF MARYLAND

DEPA

RTMENT	OF	HEALTH	AND	MENTAL	HYGIE	NE
CE	RTI	FICATE	OF	DEATH	8	1

1111 2	0	REGISTRAR			MIDDLE		AST		EGINO.	0 .	
٥٠٠ ك	(TYPE	EASED NAME OR PRINT)	1/6216		MIDDLE	noA	BTIN	20. DATE OF DE	ATH MONTH	DAY YEAR	76. HOUR
-					1	10701	F 0/0711	1.465		IF UNDER I YEA	R IF UNDER 24 H
	3. SEX	M		RACE	cocl	5. DATE C		6. AGE (IN YEARS)	4	MONTHS DAYS	
101		RTHPLACE ISTATE	cetical 76	CITIZEN OF	WHAT COUNTRY	? 8	5	9 BALTIMORE		INTY OF GEATH	0
A /	1	Lustone A	36		11 SA	WIDOWE	NEVER MARRIED L	Bar	tmer	e (17)	1
3/1	10 Ci	TY OR TOWN OF DE	ATH		CH FACILITY, GIVE STRE		ROTHER INSTITUTION	17s USUAL OCC			of BUSINESS
Page 1	USU/ 130 S	AL RESIDENICE (IF NUR	SING HOME OR OT	HER INSTITUTION	GIVE RESIDENCE BEFO		13d. INSIDE CITY LIMITS?	13e. STREET ADD	DECC	20 a	12 11
35		mk		-	Bau	Pine	YES NO	3706	nolver	19221	216
300	(ASSIL) CME	DOLE	mai	tie	IS MOTHER'S MAIDEN N	777	one	Stephi	exact
medical		AS DECEASED EVER	(IF YES, GIVE W		226	1-3	11 INFORMANT	herry &	ogoress)	Slu But	0 310
4		18 CAUSE OF DEAT	H (Enter only	one cause pe BY:	r line for (a), (b), o	and (c).)	0 0	01	2.0	APPRO BETWEEN	XIMATE INTERVAL NONSET AND DEA
1		T TAKE III DETAIL	IMMEDIATE		7057	ruso	& Ken	× per	ane		
i ii				DUE TO. C	OR AS A CONSEQ	UENCE OF					
1		Conditions, if ony	, which	((b)	1	-	la Me	ellelr	-6		
ther tr		gove rise to im couse (a), stati underlying cause	ng the	DUE TO, C	OR AS A CONSEQ	UENCE OF	VIII II				
6		2.07.0 07.150.010		(c)							
inlory	CERTIFICATION	PART 2 OTHER SIG	MIFICANTED	I FED	TEXIS	DEATH BUT	PUD TELETED TO THE TER	EM E	UTIA	GIVEN IN PART	10'
50	CAT	19a. DATE OF OPERA	TION	196. COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY		F YES, WERE FIND	
11/	TE							YES TO NO		ERTIFYING CAUSE YES	NO T
1	-	218. ACCIDENT WAS UN	-	216. TIME O	OF INJURY M. MONTH	DAY YEAR	21c. HOW INJURY OCCU			M 18, PART I OR PART 2)	
	MEDICAL	(IF EITHER, NOTIFY MEDIC			.M.	19					
2 2	ED	21d. INJURY OCCUR	RED		OF INJURY		211 LOCATION STREET	CID	ORTOWN	COUNTY	STATE
morked	W	AT WORK AT W	THILE D	(AT HOME, SI	REET, FACTORY, OFFICE	E, FARM, ETC.)	SIKEEL	Ciri	OKIOWN	COUNIT	STATE
is m		22a.1 certify that (I) attended t	he deceosed from		d that in (my) (aur) opinio	death assured as	the date on	19	
2 2		obave, (I) (we) (view the body	ofter death.			r deam occorred ar	THE GOTE ON		
AT. If he		226. SIGNATURE	20	486	2-	hi	ATTENDING PHYSICIAN	MEDICAL DIRECTOR DI	STAFF PHYSICIAN		E SIGNED
IMPORTANT:		226. PHYSICIAN'S N	AME (TYPE OR PI	RINT)	ARL	Am	22e. ADDRESS	Rmon	4 /	Aes	BAN
3 4	22. 1	LIDIAL CREMATION	DEMOVAL	221 DATE	122	NAME OF C	METERY OR GREMATORY	23d. LOCATIO			213
- 1	(1	URIAL, CREMATION, SPECIFY)	W AL	236. DATE	587	mi	- June	Bul	Plance	COUNTY	STATE
73	24 Ft	INERAL DIRECTOR	10	013	1		250 D/	TE REC'D. BY REGIS	STRAR 256. RE	GISTRAR'S SIGNA	TURE

DHMH-16 60M 1/73 (VR A 15 (4))

TO HOSPITAL OR ATTENDING PHYSICIAN, The low retained by the hospital or attending physician

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T	0	E	L	ıe	A		TH	-	201		8.0	CALL	r a

	L IA	STATE		DEFARI			EATH HICH	IENE .	0	8 /	7	
		REGISTRAR			CERTIF	ICATE OF D	EATH &	REG. N	0		dt.	
-		CEASED NAME FIRE	ST .	MIDDLE		AST	Hall M	26. DATE OF DEATH	MONTH	DAY YEAR	26 HOU	R
	(ITPE	LAV	INIA	3.	MA	IRTIS.		7	- / Z	9/87	3	AM
d	3 SEX	(4. RACE	0	5. DATE C			6. AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER	
		F	Br	7	MONTH OG	12	1889	98	YRS	MONTHS DAYS	HOURS	MIN.
ď		RTHPLACE (STATE OF FOREIG	N 76. CITIZEN OF	WHAT COUNTRY?	8.			9 BALTIMORE CITY O		OF DEATH		
2	W	est Indies	U.S.	4	WIDOWE	NEVER A	ORCED	ei:	TY.			MD
1		TY OR TOWN OF DEATH		HOSPITAL, NURSI		R OTHER INST	ITUTION	12a. USUAL OCCUPATI		126 KIND O	F BUSINE	SSOR
7	8	BALTIMORE	(mon of	SAMA ARIT	[A.w)	14050		(TYPE OF WORK FOR MOST OF REST OF REST		E) INDUSTRY	_	
ä		AL RESIDENCE (IF NURSING HO				11021						
7	13s. S	Md, 13b.	COUNTY	BALTIT	TORE	13d. INSIDE CI	NO [5614 LOCHERA				
	14. FA	THER'S NAME			7-1-7	15. MOTHER'S	MAIDEN NAM					
	Z	Edward	WIDDLE	Whit	field	-	lotte	MIDDLE		Barre	2++	
		VAS DECEASED EVER IN U.	S. ARMED FORCES?	166. SOCIAL SECU	JRITY NO.	17. INFORMA	NT Claren	TAP 405 PS	55 59	45 The	A 19,4	ned
4	(,	No	es, GIVE WAR OR DATES)	116-18-	1950D	6000	SAM ARI	TAP 405P	5601 L	MOK 21	1239.	13 6 01
7		18 CAUSE OF DEATH (En	ter only one couse De	r line far (a). (b) as	nd (c).)					APPROXI	MATE INTERV	VAL
ı,		DARTI DEATH WAS C								Schwidte	NASEL MIND	DEATH
1		IMM										
9				R AS A CONSEQU	ENCE OF	0	,					
J		Canditions, if any, while gove rise to immedia		Aspited	uon	Preumo	ni a					
1		couse (a), stoting th	he DUE TO, C	R AS A CONSEQU	ENCE OF							
H		underlying cause la	(c)	BEHYDRA	1510N							
d		PART 2 OTHER SIGNIFICA	ANT CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERMI	NAL DISEASE OR CON	DITION GIV	EN IN PART 10	1	
	5	ATKIAL	AKRYTHMI	AS (FIRE	ATTON).	· Coko	NARY A	HTEKY DISE	15¢ -	CONG. H.	FAILU	RE
7	CAT	190 DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	WAS PERFO	RMED	200 AUTOPSY?		WERE FINDIN		
	Ŧ							YES TI NOT	YE YE	YING CAUSES	NO T	_
	CERTIFICATION	21a. ACCIDENT WAS UNDERLYIN				21c. HOW IN.	JURY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM 18 P	ART 1 OR PART 2)		
1		OR CONTRIBUTING _ CAUSE	OF DEATH	.M. MONTH D								
d	MEDICAL	(IF EITHER NOTIFY MEDICAL EXA 21d INJURY OCCURRED		.M. OF INJURY	19	211 LOCATIO	N					
Ì	ME	WHILE NOT WHILE THE AT WORK	LIAT HOME ST	REET, FACTORY, OFFICE,	FARM, ETC)	STREET		CITY OR TO	WN	COUNTY	51	TATE
1		220.1 certify that (1) (this	hospital) attended th	ne deceased fram_	71	28	19 87		29	19 87	that (I) (w	ve) lost
		sow the deceased ali above, (1) (we) (did) (a		alter death.	77_, on	d that in (my)	(aur) apinian d	leath accurred on the de	ate and hav			
		226 SIGNATURE	0 , 1			DEGREE				22c. DATE		, 15
		0.	1/galont		- 11		TTENDING HYSICIAN	MEDICAL STAN		7/29	187	sau
	5.5	22d. PHYSICIAN'S NAME	(TAPE OR PRINT)			22e. ADDRES	5					

BP.

IMPORTANT

DHMH - 16 60M 7/84 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL **BURIAL**

23c NAME OF CEMETERY OR CREMATORY EASTVIEW MEMORIAL PK.

22e. ADDRESS

23d. LOCATION BALTIMMRE

SAMARITAN HOSPITAL

MD

24 FUNERAL DIRECTOR

1101 E. NORTH AVE. MARCH F/H INC.

8-3/87

23b. DATE

ASSAAD. N. MAALOUF

BY REGISTRAR 256. REGISTRAR'S SIGNATURE

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

STATE CERTIFICATE OF DEATH REGISTRAR EASED NAME MICOLE 20 DATE OF DEATH 25 HOUR OR PRINTI THOMAS 7/30/87 MASON 4 3 SEX 4. RACE 5. DATE OF BIRTH A AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 74 HRS MALE MOG/4/1913 BLACK 74 70. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY BAltimore City U.S.A. VIRGINA WIDOWED & DIVORCED | 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR nce Co. Schoo (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) School Maintenance Co. Baltimore St. Agnes Hospital USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Baltimore YES XXX NO 1038 Vine Street 21223 Maryland 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Boxley Thomas Annie Mason 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT ADDRESS (YES, NO OR UNKNOWN) 229-12-8846 1038 Vine St. Jeannette Mason 21223 18 CAUSE OF DEATH (Enter only one cause per line lar (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I I O 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOV YES T 71g. ACCIDENT WAS UNGERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM IB PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STATE AT HOME STREET FACTORY OFFICE FARM FTC 1 NOT WHILE AT WORK 220 | certify that (1) (this haspital) attended the deceased Iram_ saw the deceased alive an 7/30/87 above, Diwerrand (did not) view the bady after death. and that in (m) (aur) apinian death accurred an the date and haur and from the causes stated 226 SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS 23d LOCATION 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 236 DATE

DHMH - 16 60M 7/B4 (VRA 15, 4)

FUNERAL uld be deto the State

PORTANT

Burial

peo

Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

8/2/87

Cross Roads Bap. Ch. cem. Turbenville Halifax Va

AUL 31 TEST feet following dates

ieral director page 3

FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

REGISTRAR			CLICITI	CAIL OI D	LAIII C	R	EG. NO			1	
I. DECEASED NAME FIRST	MI	DDIE	L/	AST .		20 DATE OF DE	ATH MONT	H DAY	YEAR	26 HOL	JR
HEST	ER		MA	SON			7	28	87		M
3. SEX	4 RACE		5. DATE O			6 AGE INYEARS	LAST BIRTHDAY)	IF UND	ER 1 YEAR	IF UNDER	R 24 HRS
FEMALE	BLACK		M3NTH	15	ზ5		82 ,	rRS.	DATS	noga;	mild.
BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF W	HAT COUNTRY?	MARRIE	□ NEVER A	AARRIED 🗇	9 BALTIMORE	CITY OR CO	UNTY OF D	EATH		
MD	US	A	WIDOWE	V	ORCED	BALTIM	ORE CI	TY			MD.
BALTO.	(IF NOT IN SUCH 1602	OSPITAL, NURSIN FACILITY, GIVE STREET A DURHAM S	TREET	OR OTHER INST	NOITUTI	120 USUAL OCC (TYPE OF WORK FOR UNKNO	UPATION MOST OF WORK		KIND OI DUSTRY	BUSINE	ESSOR
USU AL RESIDENCE (IF NURSING HOME 130, STAT MD	UNTY	BALTO.		13d INSIDE C	140 []	130 STREET ADD	PERSHAM!	STREE	T 21	213	
14. FATHER'S NAME FIRST MOSES	WIDDLE	CROOP	ER		HARRIE	T M	DDIE		GÜ	NNER	
160 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? GIVE WAR OR DATES!	66 SOCIAL SECU N/A	RITY NO.	17 INFORMA ELIZA	NI ABETH C		1602	DURHA	M ST	REET	212
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICAN 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING	T CONDITIONS COI	AS A CONSEQUE	DEATH BUT		de	20a AUTOPS	(° 20b.	HE YES, WERE	E FINDIN	IGS USE	TH?
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAMI) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 22a.1 certify that (1) (this has sow the deceased alive above, (1) (we) (did) (did) 22b. SIGNATURE 22d. PHYSICIAN'S NAME (178)	21e PLACE O [AT HOME STREI spital Ottended the an not] view the body a	FINJURY ET FACTORY OFFICE F. deceased from	ARM, ETC)	21f LOCATIC STREET	. 19 % 5 (our) apinion o	ed (enter nature	TY OR TOWN	, 19 Pad haur and	OUNTY , t	that [l] (ated
230 BURIAL, CREMATION, REMOV	AL 23b. DATE 8/1/8		AMILY	EMETERY OR O	CREMATORY	23d LOCATIC ACCON	ACK C	7/2 0. cour	()		STATE
24 FUNERAL DIRECTOR NAME WM. C. MARCH		ADDRESS	TH AV		250. DAT	RECOD BY REGA	STRAR 256 R	EGISTRAR'S	SIGNATI		VA

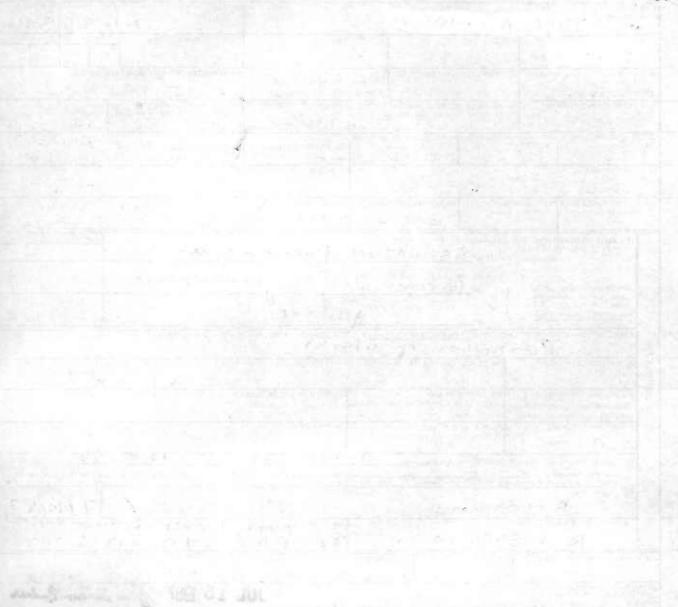
DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, ar other traumatic event

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 8 REG. NO.	882
LDECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	10-87 3-12AM
4 RACE S. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
FEMALE BLACK 9 14 1904 82	MONTHS DATS HOURS MIN.
70. BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTRY)	Y OF DEATH
BURKEVILLE, VA. U. S. A. WIDOWED DINORCED BALTIMORE CITY	MD.
10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) NORTH CHARLES GENERAL HOSPITAL RESIDENCE HALL	IR 126 KIND OF BUSINESS OR INDUSTRY NORGAN ST. UNIV
SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136. CITY OR TOWN BALTIMORE 130. INSIDE CITY LIMITS? 1203 Martin Dri	Maryland 21229
IS MOTHER'S NAME	
SAMUEL OLIVER MARY	SMITH
# 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT MR. ADDRES BALT	IMORE, MD.
(YES, NO OR UNKNOWN) IF YES, GIVE WAR OR DATES) 228-38-5486 EDGAR D. MASON, JR. 4804 WIL	
18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) A SPIRATION Preminia and	ÁPPROXIMATÉ INTERVAL BETWEEN ONSET AND DEATH
W 16 W 2 G 2	
Canditions, if any, which (1) Birentin Cular Congestive Deart	
Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF CONGRESTIVE DEATH DUE TO, OR AS A CONSEQUENCE OF CONGRESTIVE DEATH DUE TO, OR AS A CONSEQUENCE OF CONGRESTIVE DEATH DUE TO, OR AS A CONSEQUENCE OF CONGRESTIVE DEATH OF CONGRESTIVE DEATH DUE TO, OR AS A CONSEQUENCE OF CONGRESTIVE DEATH OF CON	
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE	VEN IN PART Ira
IN CERTII	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES MO
216. ACCIDENT WAS UNDERLYING OF INJURY OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19	PART I ORPART 2)
216. ACCIDENT WAS UNDERLYING CAUSE OF INJURY OR CONTRIBUTING CAUSE OF DEATH OUR A.M. MONTH DAY YEAR P.M. 19 21d INJURY OCCURRED 21d INJURY INJURY OCCURRED 21d INJURY	COUNTY STATE
220 1 certify that (1) (this haspital) attended the deceased fram 1-10-1987, to 3-10-	19. 8.7., that (I) (we) last
saw the deceased olive on	or and from the couses stated
22b. SIGNATURE DEGREE	22c. DATE SIGNED
R. M. Shart N-D. ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR	7/10/87,
22d. PHYSICIAN'S NAME (TYPE OR PRINT) 220 ADDRESS NIME CHARLES GE	nend Hospital
R.M. SHAH M.D. Bainmare, M.D. 21	
236. BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 234 LOCATION	
BP BURIAL 7/13/1987 MEADOWRIDGE MEMORIAL PK CITY OR TOWN HOWAS	RD MARYLAND
24 BANETATIONS CONNECT AND LOAD TO THE STATE OF A STATE	
DHMH - 16 60M 7/84 IND NAME IN TOTAL	TRAPS SIGNATURE



060751 JUL 27 87 ATE ALEGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DEI MINI			WIND WELLINGTHIOPINE	
MEDICAL	EXAM	NER'S C	ERTIFICATE OF DEATH	

(1)	(.)	8	3
REG	NO O	0	9
KEG.	140.		6.9

	w · · · · · ·		EASED NAME OR PRINT)	ARMAN	TDY)	MIDDLE			MASSO	NTEP		20. DATE K	NOWN P			YEAR 19 87	26 HOUR
	R FILES HOUR STREET	3 SEX	1/	I. RACE	S DATE OF BIRTH	-	6. AGE (IN YEA			IF UNDER	2.24 MDc	2c. DATE	MAILD C	MONTH	DAY	YEAR	M HOUR
	DIRECTION STR	Ma		White	Oct. 19	,1894	92 YR	MONTH		HOURS	MIN.	PRONOUNC	CED	7	20	19 87	24 HOUR 2, 27 P M
	PERSONAL PROPERTY AND	FOR	THPLACE (STA EIGH COUNTRY) NACO	TE OR	76 CITIZEN OF V		TRY?	8 MARRI WIDOW		EVER MARR		Balti			TY OF D	EATH	
2	SE S	-	YORTOWN C		11. NAME OF HO	FACILITY, GIVE S	TREET ADDRESS)	, OR OTH	ER INSTITU	NOIT	12a USU	JAL OCCUPA MOST OF WORKI Cerior	ATION (TY	PE OF WORK	17b KIN	ND OF BUS R INDUSTR	SINESS
010212	ANY DE	USUA	RESIDENCE (I	F IN NURSING HOME	OR OTHER INSTITUTION	GIVE RESIDENCE	BEFORE ADMISSION OR TOWN	ON)	haa inside i		113e, STR	55 Yet				2121	09
E. MD.	PW 3	14 FA	THER'S NAME		MIDDLE	Masso	last one		15. MOTH	ER'S MAID	EN NAME	MIC	DDLE	F	aval	AST • e	
LTIMOR	VETER DE VETER DE FORM SION OF	16a. W	'AS DECEASED S, NO, OR UNKNOW O	EVER IN U.S. AR	MED FORCES? WAR OR DATES)		10-651		John		assoi	ne Tow	Rang	se Rd	212	0/1	
N ST., 8	HOURS M 18. GI NG WITH RAMIT. PA ENE, DIVI		18 CAUSE OF PART I DEA	TH WALAC CALLER	nly one couse per lin D BY: .TE CAUSE (a)			iuri				100	3011,	rid.	AP	PROXIMATE I	INTERVAL AND DEATH
201 W. PRESTO	UTED WITHIN 24 H. IN PENCIL IN ITEM EXAMINER ALONG SIAL - TRANSIT PER D MENTAL HYGIEN ON, OR REMOVAL		gove rise	s, if any, which to immediate	DUE TO, O	OR AS A CON	ISEOUENCE C	OF.									
CORDS,	JID BE EXECUTEI "PENDING" IN F F MEDICAL EXA ED AS A BURIAL HEALTH AND ME IL, CREMATION,	NO	PART 2 OTHER SIGN	NIFICANT CONDITIONS	CONTRIBUTING TO GEAT	H BUT NOT RELA	TEO TO THE TERM	NAL DISEASE	OR CONDITIO	ON GIVEN IN PA	ART 1 to:						
ITAL RE	S S H S P S	CERTIFICATION	190 DATE OF C	OPERATION	196 COND	ITION FOR	WHICH OPER	ATION W	AS PERFOR	RMED?						UTOPSY?	NO []
ONOF	CERTIFICATE SITTING THE WORDED TO THE CRESSHOULD BE EDEPARTMENT OF PRIOR TO BUT OF PRIOR TO BUT OF THE CRESSHOW TO	CAL CER	210 EXTERNAL UNDERLYING CONTRIBUTION	Ø OR G □ CAUSE OF	DEATH 2:05P.	X MONTH M. 7-2(DAY YEAR)- 1987	Su	bject			ated f					
DIVISI	THIS CERT WARDED WARDED PAGE 3 SH TATE DEP/ 21201 PRI	MEDICAL	21d. INJURY O	CCURRED	21e PLACE STREET, FA	OF INJURY CTORY, FARM, E treet	(AT HOME,	5	TREET Vel	low W	lood i	city or fowi		. Cit	UNTY Y	7	STATE
	CAMINER: RIFICATE D BE FOR IRECTOR: VITH THE S NRYLAND,			that I took chord	ge of the remoins di	escribed aba Accident		Autops		DECIEV)	Undet	Inquiry (nner ,	nd in my of	pinion		
	2 F R S F R		ACTUAL SIGNATURE	M	1	×1-			Dep	outy C		ICAL EXAMI		DATE	ED	7-21-8	87
	TO MEDI EXECUTE PAGE 4 TO FUNE BAFTIMO	23a.BL	EXAMINER'S N (TYPE OR PRIN RIAL, CREMATI	ON, REMOVAL	M. Dixon,		NAME OF CEA				[23d. LC	t., Ba					
07/84 25M	BP	(5)	Burial NERAL DIRECT	þ	July 23,1	987	Par	kwoo	i		Ba]	Ltimor				Mary]	Land
	DHMH - 17 (VR A15 ME (5))		NAME		d Home,	Inc. B	00 Yor	Md.	21212	JU	L 24	REGISTRAR	Jula	ia Den	iden.	Randa	u



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director, page 3

by the ottending physician and completely filled the remove corbonpopers. Pages 1 and 2 should be

er troumatic event, the medical cremotion, or removol.

STATE OF MARYLAND

	77	FOR STATE FGISTRAR		CER	OF HEALTH AND MENTAL HYG RTIFICATE OF DEATH	IENE 8 /REG	NO. 1	9 8	8 .
1	(TYPE	CEASED NAME FIRST FIRST	MIDD	7	1 athews	20 DATE OF DEATH	7 - 2	2-87	3 A
	3 SE)	Male	4 RACE White		ATE OF BIRTH AONTH DAY YEAR 11 - 13 - 23	6 AGE (IN YEARS LAST	BIRTHDAY) IF	UNDER TYEAR	HOURS MIN
		RTHPLACE ISTATE OR FOREIGN COUNTRY)	76 CITIZEN OF WH.	MA	RRIED NEVER MARRIED OWED DIVORCED	9 BALTIMORE CITY	OR COUNTY O	C, M	N
1	10 CI	TY OR TOWN OF DEATH	(IF NOT IN SUCH FA	SPITAL, NURSING HO. CILITY, GIVE STREET ADDRESS HOSPITAL	ME OR OTHER INSTITUTION 5}	17a USUAL OCCUP.			BUSINESSO
2	13a. S	ME. 136. COUN		E RESIDENCE BEFORE ADMISS CITY OR TOWN	136. INSIDE CITY LIMITS? YES NO 🔀	13 STREET ADDRES	S / ZIP CODE	21237 hoven	Re.
)		Edward	MIDDLE Duane	Mathews	15 MOTHER'S MAIDEN NA	WIDDLE		LAST	
	16a W	VAS DECEASED EVER IN U.S. AR. VES, NO OR UNKNOWN) Yes Yes	E WEAP OP DATES!	SOCIAL SECURITY N 81–18–8307			ORESS O9 Winte	rhaven	21237 Rd.
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE) IMMEDIAT	ly one couse per line D BY: E CAUSE (a)	Fever					NATE INTERVAL NSET AND DEATH
1	7	/	DUE TO, OR AS	S A CONSEQUENCE (S A CONSEQUENCE (TRIBUTING TO DEATH	Coltinama	INAL DISEASE OR CO	ONDITION GIVE	N IN PART 110	
)	CERTIFICATION	190 DATE OF OPERATION	196 GONDITIO	N FOR WHICH OPER	ATION WAS PERFORMED	200 AUTOPSY?	IN CERTIFYI	WERE FINDING NG CAUSES O	
}		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		MONTH DAY Y	EAR 19			I I OR PART 2)	
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE	21e PLACE OF	INJURY FACTORY OFFICE, FARM ET	211 LOCATION STREET	CITY OF	TOWN	COUNTY	STATE
		220.1 certify that (1) (this haspit sow the deceosed olive on abave, (1) (we)(did) (did na	7.22	19 87	_, and that in (my) (our) opinion	, ta death occurred on the	date and hour o		nat(1)(we) lo auses stated
		27b. SIGNATURE B.	Ender		DEGREE ATTENDING PHYSICIAN	MEDICAL S' DIRECTOR PHY	TAFF SICIAN	7 -	2Z.8
		22d. PHYSICIAN'S NAME (TYPEO Bulent	Ender	. M.D.	27e ADDRESS	cy 1-1051	oital,	B=11	timene
	(Burial, CREMATION, REMOVAL SPECIFY) Burial	7-25-87		of CEMETERY OR CREMATORY lens of Faith	CITY OR TOWN	Baltimo	•	
	14 FL	SAhv Funetal b	lome	1401 Beli BALTO, M	AIR RS. 250 DAT 10. Z1Z36 JUL	24 1987	AR 216 REGISTRA	AR'S SIGNATU	RE-

DHMH - 16 60M 7/84

BP.

TO FUNERAL DIRECTOR: After this certificate has should be detached for use as the burial-transit perwith the State Dept. of Health and Mental Hygiene IMPORTANT: If Item 21 is morked or Item 18 shows

(VRA 15, 4)

Lassahu Fyneral Home

- Franks r

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12 411 STATE SOUTH LESSUE WAREL

76098	1 111 1	lo a	7 #1tem 22a1, 0e	r letter	fr. attendi	NE STATE	OF MARYLAND			
00000	001.2	1	FORDCCtor, G-631, STATE REGISTRAR	9/22/87,	Gbj. DEPARTA	CERTIFIC	CATE OF DEATH	GIENE 8 7 REG. N	19	8 8 5
y be	th 0		CEASED NAME FIRST CHARLE	ES	MIDDLE	ATT	HEWS.	20. DATE OF DEATH	MONTH DAY	YEAR 26. HOUR 87 CEDOY M
ge 4 may	s after de	3. SE		4 RACE	BLACK	S. DATE OF	BIRTH 16 1897	6. AGE (IN YEARS LAST BIR	THDAY) IE UND	DER I VEAR OF UNDER 24 HRS. S DAYS HOURS MIN.
eoth. Pog	72 hou	(RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIED WIDOWED	□ NEVER MARRIED □ DIVORCED □	BALTIMORE CITY OF	RCOUNTY OF D	ITV MO
offer de	od within	10 CI	TY OR TOWN OF DEATH	11. NAME OF	ICH FACILITY, GIVE STREET	IG HOME OF	CENTER	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF PRINTE	ON 126 F WORKING LIFE) IN	MIND OF BUSINESS OR DUSTRYSOC, SEC.
ND 2120	must be n	USUA 13a S		OTHER INSTITUTION		ADMISSION)	13d INSIDE CITY LIMITS? YES NO [13 STREET ADDRESS	ZIP CODE BA	10, MO, NUE 2/2/6
MARYLAND ed within 24	and sh		THER'S NAME FIRST TO HN	MIDDLE	a alasi		MARY	AME	CAM	PBELL
BALTIMORE, I	Poges 1		AS DECEASED EVER IN U.S. AR	MED FORCES? VE WAR OR DATES)			LICLIAN M.		ALTO. 11	GGS AVENUE
: 4	emoval.		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one couse pe ED 8Y: TE CAUSE (o)	er line for (a), (b), one	phlm,	ing are	est du	R YS	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
W. PRESTON ST of the deoth certi	se remove carbo , cremation, or re other troumatic e		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO,			relation		·	
RDS, 201	Then pleo to burial njury, or	Z O	PART 2 OTHER SIGNIFICANT	CONDITIONS	CONTRIBUTING TO I	DEATH BUT N	OT RELATED TO THE TERA	MINAL DISEASE OR CON	DITION GIVEN IN	PART 110
AL RECOI	ene prior	CERTIFICATION	190 DATE OF OPERATION	19b CON	DITION FOR WHICH	OPERATION	WAS PERFORMED	200 AUTOPSY? YES NO	206 IF YES, WER IN CERTIFYING YES	RE FINDINGS USED CAUSES OF DEATH?
L 90 4	Mental Hygier Mental Hygier or Hem 18 shave		210. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DE	HOUR A	OF INJURY A.M. MONTH DA P.M.	19	216 HOW INJURY OCCUR	RRED (ENTER NATURE OF INJU	RY IN 11EM 18 PART 1 O	R PART 2}
DIVISION O OFFICE OFFICE OFFIC	th and Morked or	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	(AT HOME, S	OF INJURY TREET, PACTORY, OFFICE, P		211 LOCATION STREET	CITY OR TO	wn c	OUNIY STATE
ATTENDI spitol or CTOR: A	of Heal		220.1 certify that (1) (this hasp sow the deceased alive are above, (1) (we) (did) (did no		19		1 tot in (my) (our) opinion	death accurred on the d		
TAL OR y the ho	detacher tate Dept		226. SIGNATURE R. M. SI		~ 0.	D	ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN ()	7124187
O HOSPI' etained b	should be deta with the State IMPORTANT: H		220 PHYSICIAN'S NAME (TYPE		H. ma		2600 CIBI	Exil Hei	in w	LE Brinn
BP	s s ≤	- 0	BURIAL BURIAL	7/29	11987 A	REUTU	S MEM. PK		BALTO,	MY MO STATE
	5 60M 7/84 15, 4)		TO GWYNNS F				2/2/6 250/19	LE REZ DE Y NESTRAR	256 RECUSTRANS	SIGNATURE LOCAL

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		- 53	
ONTH	DAY	YEAR	26, HOUR
7/	21	107	170.7

987 111 30	1 87	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	BIENE 9 REG. NO.	885
oge 3		CEASED NAME FIRST JOHN	MIDDLE	MATTHEWS	20 DATE OF DEATH MONTH 07/	24/87 25 HOUR 24/87 10:12p
the firms	3. SĒ	M.	1. RACT ECRO	5. DATE OF BIRTH MONTH PAY YEAR O 4	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
1 1 35	Ya. Bi	RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNTY BALTIMORE CI	
3	1			PRINS HOSPITAL	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	126. KIND OF BUSINES R
filled in out be		AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFOR		13. STREET ADDRESS (ZV.CO)	OE 7 1976
and wetting	7	WM, H.	MIDDLE ATThews	15. MOTHER'S MAIDEN NA	ME PHIDGE TET	LAST
	1.00	VAS DECEASED EVER IN U.S. ARI YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 16b. SOCIAL SECU E WAR OR DATES)	FRANCES	HUNTER 262	20 Alaska
Broom Control		PART I. DEATH WAS CAUSE	ly one couse per line (or (o), (b), or D BY: E CAUSE (o)	woulmonery	Arrest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
de other		Conditions, if ony, which	DUE TO, OR AS A GONSEOU		failure	loyrs
		couse (01, stating the underlying couse lost.	DUE TO, OR AS A CONSEQU	nal tailuse		8 yrs
The signe or follow, injury,	TION	mpe	rkalemia	DEATH BUT NOT RELATED TO THE TERM		
The low	CERTIFICATION	19a. DATE OF OPERATION		OPERATION WAS PERFORMED	YES NO	ES, WERE FINDINGS USED FIFYING CAUSES OF DEATH? YES NO
SICIAN: Ing physicial physicial certificate entol Hygine	9.00	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH D	AY YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM TE	, PART 1 OR PART 2)
offendir offer this os the bu h and M	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE,	FARM. ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
spitol or CTOR: A I for use of Heolisma		saw the discussed alive on above, (II I) e) (did) (did no	tal) oftended the deceased from 19	2	T, to	our and from the couses stated
OR A		The SHOWATTHE LAND.	Williams A	PHA ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	7/24/87
O FUNE Pould be In the S		John	B. William	S GOON W	offe Batt. W	10 21205
BP		BURIAL, CREMATION, REMOVAL	7/29/87 G	NAME OF CEMETERY OR CREMATORY	23d LOCATION CONTRACTOR OR OR JOHN LAND WAY	COUNTY MATTER
DHMH - 16 60M 7/84 (VRA 15, 4)	24 F	ON THINKS	el House 1304	n Enhal ar	"JUL 872 9 1987 REG	STRAR'S GIGNATURE - Randows

ST., BALT

DIVISION OF VITAL RECORDS, 201 W. PRESTOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

. 1		TATE REGISTRAR			ME	DICAL	EXAMI	NER'S	CERTIFIC	CATEO	FDEAT	H RI	GINO.	0 (3	,
		CEASED NAME	EIRST	11-11		MIDDLE			LAST		20	DATE KNOW		ONTH DAY	YEAR #	26 HOL
			ESTEI	LE	Ag	nes		CRAY				DEATH MAT	x 6-	-29-871	,	
	3 SEX		I. RACE	5. DATE	E OF BIRTH	YEAR	6. AGE (IN)			HOURS		RONOUNCED		NTH DAY	YEAR	2d HOL
		male	Black	8	14	11		YRS.		410		DEAD		0 0 1		:20
4		RTHPLACE (STA	ATE OR	7b. CITI	IZEN OF WH	IAT COU	VTRY?		RIED NE	VERMARRIE	ED	BALTIMORE	CITY OR CO	DUNTY OF DE	EATH	
4		Md.			USA				WEX XX	DIVORCE			more (0.00	A
	ID CI	TY OR TOWN O	OF DEATH				JRSING HOA STREET ADDRESS		HER INSTITU	TION	FOR MO	L OCCUPATIO ST OF WORKING LI	E)		INDUSTR	
1		Baltimo					th Ave				Hou	sewife	1			
	13a. S	TATE	IF IN NURSING HOME (NSTITUTION, GIV	13c. CfT	YORTOWN		13d. INSIDE CI	TY LIMITS?		T ADDRESS		21:	21.	7
2		Md.	-				Balto	•	YES X	NO 🗆	133	W.No	rth	Ave.	/	/
4	14 FA	THER'S NAME		WIDDLE			LAST			R'S MAIDE	NNAME	MIDDLE		£A.	\ST	
)	James		S	-		Peter			gnes		E.		Peter	rs	
		AS DECEASED	EVER IN U.S. AR				CIAL SECUR		17. INFORA				DRESS			
		No				219	3-05-	4282	Mabl	e Arı	MWOO	d 3800	T'OW:	anda	Ave	.#2
		18 CAUSE OF	DEATH (Enter or	nly one co	ouse per line	for (a), (b), ond (c).)						T WE'	APPI BETWE	ROXIMATE EN ONSET	INTERVAL
3.		PARTIDE	ATH WAS CAUSE	D BY: TE CAUS	E (a) Ar	teri	oscler	otic	cardio	ovascu	lar o	disease				
-			U.O.I.E.D.I.A				NSEQUENCE								716	1.27
4			s, if ony, which		(b)											
		cause (a)	stating the under-		DUE TO, OR	AS A CO	NSEQUENCE	OF					-			
М		lying caus	e lost.		(e)											
9		PART 2 OTHER SIG	NIFICANT CONDITIONS	CONTRIBUT	ING TO DEATH I	DUT NOT REL	ATEO TO THE TE	RMINAL DISEA	SE OR CONDITION	N GIYEN IN PAR	II Tiel,				7.00	
	NO															
-	CERTIFICATION	190 DATE OF	OPERATION		196 CONDIT	ION FOR	WHICH OPE	RATION	VAS PERFOR	MED?				20 AL	JTOPSY?	
4	TIFIC	Calledon .												YE	s 🗆	NO X
-	W	210 EXTERNA	-	1	TIME OF		DAY YE		IOW INJURY	OCCURRE	D (ENTER NA	TURE OF INJURY IN	ITEM 18 PART 1	OR PART 2)		
5		UNDERLYING	U OR IG ☐ CAUSE OF	DEATH	P.M.		1 DAT 167	AR								
	MEDICAL	21d INJURY O			21e PLACE C	F INJUR	(AT HOME,	21f. LC	CATION					- A. J.		
	X	WHILE AT WORK	NOT WHILE		STREET, EACT	ORY, FARM,	ETC.)		STREET			CITY OR TOWN		COUNTY		STATE
				_			12-2				₹7					
		22ª I certif	y that I taak char	ge of the	TEN.	cribed ab				Inspection		Inquiry .	ond in n	ny opinion		
		death resulte	d from: Natu	rol couse	S X	Accident	L. 5	ouicide _	, Homic	ide L	Undeter	mined monner	□.			
		ACTUAL	1100	1 7	17	VAL	. 11 0			PECIFY)			D	ATE	7 (07
din.		SIGNATURE_	wom	100	Mho	7	ML.	/	M.D.ASSI	stant	MEDIC	AL EXAMINER		IGNED	/-6	-87
4	-	EXAMINER'S	NAME .	Maria	arita	7) 17	oroll	MD		1	11 Do	nn Stre	et			
		(TYPE OR PRIN	IT)				orell									
	23a.Bl	PECIFY)	ION, REMOVAL	- /					OR CREMATO		23d. LOC CITY OR	TOWN		COUNTY	STA	
	24 51	JNERAL DIREC	rlal	7/10	0/87	Lie	astvi	ew M	em.Pa			altimo EGISTRAR [25]		DIG GACALAYI	Mo	
	14 F	JINEKAL DIREC	UK							ZJE. DAIL K	CC U. BY R	EGISTRAK (3)	KEUISIKA	K 2 210 NAIU	Kr	

07/84 25M

DHMH - 17 (VR A15 ME (5))

Chateran-Harris FH 1701 McCulloh St.

JUL 15 1987 Julia Dieser Registrar 1756 REGISTRAR'S STGNATURE

2 . Bro ob and to be Dogwest Start Strateg-

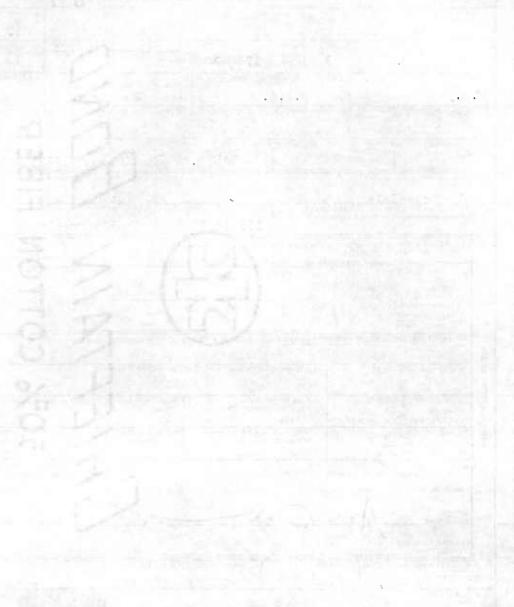
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. 740.	

		EASED NAM	E FIRST		MIDDLE		LAST	2a. D.	ATE KNOWN	MONTH	DAY WYEAR	76 HOUR
	(TYPE	OR PRINT	CEAL	75		Mo	DANTEL		OF ESTI-	6-18	8/19。87	
	- 051									WOULH	DAY YEAR	M
	3 SEX		4 RACE	5. DATE OF BIRTH	4 AGE (IN YEAR	() ALCOHOLIS	DER 1 YR. IF UNDER		DATE NOUNCED	MONTH		24 HOUR
		M	BLACK	3 oay	17 70 YRS	S.	DATS HOURS		DEAD	7 :	20 1987	11P.
-7	70-BIF	RTHPEACE (S	TATE OR	76 CITIZEN OF WH	AT COUNTRY?	8	ED NEVER MARRI	7 BA	LTIMORE CITY O	R COUNT	Y OF DEATH	
	FOR	.C.		U.S.	Α.	WIDOW			Baltimore	Cit	57	
-		Y OR TOWN	OF DEATH		PITAL, NURSING HOME.				CCUPATION (TYPE	-	IZE KIND OF BU	MD
2				(IF NOT IN SUCH FAC	shland Ave.	OK OIII	EK II45I II O I IOI4	FOR MOST O	F WORKING LIFE)		OR INDUST	RY
-			imore								BETH. S	TEEL
7	USUA 13a ST	L RESIDENCE	(IF IN NURSING HOME O		13c. CITY OR TOWN	N)	13d INSIDE CITY LIMITS?	1134 STREET AL	DDRESS 212	05		
0	13a. ST	MD	130. COO!		BALTO.		YES NO	2329	Ashland A	Avenu	le	
	14. FA	THER'S NAME					15. MOTHER'S MAIDE					
0		· FIRST		MIDDLE	LAST		Janie		MIDDLE		LAST	
1	J	ohn Mc	Daniels				17. INFORMANT				4,14,14	12.04
	16a. W	5, NO, OR UNKNO	DEVER IN U.S. ARA	VAR OR DATES)	166. SOCIAL SECURITY				ADDRESS			
		No			237-18-18	60	Sheila Cı	rosby	131 A:	isqui	th Stre	et
			F DEATH (Enter onl	y one cause per line l	for (a), (b), and (c),)						APPROXIMATE	INTERVAL
			ATH WAS CAUSED	BY:	Congestive	hoar	+ failure				BETWEEN ONSET	AND DEATH
			IMMEDIAT	1100- (-)	AS A CONSEQUENCE O		t tarrare					
		Conditio	ns, if any, which	DOE TO, OK	AS A CONSEQUENCE O	ir .						
			se to immediate	(b)		-11						
		lying cau	stating the under-	DUE TO, OR	AS A CONSEQUENCE O	F						
111		lying cac	756 IQ51.	(c)								
8		PART 2 OTHER SI	GNIFICANT CONDITIONS		UT NOT RELATED TO THE TERMIN	NAL DISEASE	OR CONDITION GIVEN IN PAI	PT 1 to				
	Z											
-	CERTIFICATION	19a DATE OF	OPERATION	LISE CONDIT	ION FOR WHICH OPERA	TION W	AS PERFORMED?			100	20 AUTOPSY?	2
	5		0.2	ING. CONDIN	OTT OR WINCH OF ERA	111014 11	ASTERIORNED:				20 AUTOPST	
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-51		UNDERLYING	AL CAUSE WAS	21b. TIME OF HOUR A.M.	MONTH DAY YEAR	21c HC	OW INJURY OCCURRE	D LENTER NATURE	OF INJURY IN ITEM 18 P.	ART 1 OR PART	Т 2)	
4	¥	CONTRIBUTI	NG CAUSE OF D		19	100						
mental a	MEDICAL	21d INJURY	OCCURRED		FINJURY INTHOME.		CATION					
	E	WHILE	NOT WHILE C	STREET, FACTO	ORY, FARM, ETC.)	5	TREET	CITY	OR TOWN	COU	NTY	STATE
	- 1	AT WORK	AT WORK					(T.T.)				
		22a. I certi	fy that I took charge	e of the remains desc	ribed abave, held on	Autops	y . Inspection	X Inc	quiry , and	d in my opi	inion	
		death result	ed fram: Natur	al couses K	Accident , Suic	ide	. Hamicide .	Undetermine	ed manner .			
	0.0		Λ				TITLE (SPECIFY)	0.000				
		ACTUAL	h	~	W		Deputy Ch	ief		DATE	7-21-	-87
1		SIGNATURE.	11		5	M	D. Dopacy Ci.	MEDICALE	EXAMINER	SIGNED	, 21	-
1		EXAMINER'S	NAME 7	M Dissor	MD		111 D	ann Ct	Dalla	340	21201	
	-	(TYPE OR PRI	NT) AIII	n M. Dixon	1, M.D.		ADDRESSP	enn st.	., Balto.	, MD	21201	
		IRIAL, CREMA	TION, REMOVAL 2		23c. NAME OF CEM	ETERY O	RCREMATORY	236 LOCATIO	ON	COUNT	TY CY	AIE
		URIAL	. (2444)	7/25/87	EASTVIEV	J CEN	METERY					
	24 FU	NERAL DIREC	TOR		1 -1.01 1101	, 511	250. DATE R	REC'D, BY REGI	TMORE STRAR 236 REGIS	STRAR'S SH	GNATURE	
		NAME		AOORESS	1 E NODEN	A *****	JUL	28 198	The state of	Burkeys	Tombree	
	M	ARCH F	UNERAL HO	ME 110	1 E. NORTH	AVEN	UE					

(VR A15 ME (5)



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	*********			۰
CERT	IFICATE	OF 1	HTASC	

1	FOR	DEPARTM	ENT OF HEALTH AND MENTAL HY	GIENE	
	- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	0 0 0 0
2	SED NAME FIRST	MIDOLE	he Daniel	20. DATE OF DEATH MONTH	6/87 1050
	TEMALE.	4 RACE	5. DATE OF BIRTH	6. AGE THEYEARD LAST BRITISHE!	PUNCEF HAR FUNCEFFERS
7	7a BIRTHPLACE (STATE OR FOREIGN COUNTRY)	7b. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	Pot
1	10 CITY OR JOWN OF DEATH Ratin EXE C. T.	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A NORTH CHARLE		120. USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKING LIFE RETIRED.	126. KIND OF BUSINESS OR INDUSTRY
	USUAL RESIDENCE (IF NURSING HOME OR 130. STATE 13b COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	AOMISSION) N 113d. INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP CODE	BALTO, MO. R ST. 21213
	14. FATHER'S NAME	MIDOLE ELA!	15. MOTHER'S MAIDEN N CHAROL	AME	JOHNSON
	16a. WAS DECEASED EVER IN U.S. AR	MED FORCES? 166. SOCIAL SECUR	RITY NO. 17 INFORMANT MR	· ADDRES BACK	TIMORE, MO 2/2/3
	NO.	220-22-	7.3	CDANIEL 1406	E. OUVER ST.
	PART I. DEATH WAS CAUSE	nly one cause per line (ar (a), (b), and (D) BY: TE CAUSE (a)		nma +	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		DUE TO, OR AS A CONSEQUE	NCE OF	SEPSIS	
	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	NCE OF	V	
)	PARTS OTHER SIGNIFICANT OF THE PARTS OF THE	Adlitus ; rEA	1 / 0 - 4	MINAL DISEASE OR CONDITION GIVE SON EMIL 200 AUTOPSY? YES NOTSY YES YES NOTSY YES YES YES YES YES YES YES	were findings used ing causes of death?
1		HOUR A.M. MONTH DA	Y YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT (OR PART 2)
	OR CONTRIBUTING CAUSE OF DEA	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	ARM, ETC) 211 LOCATION STREET	CITY OR JOWN	COUNTY STATE
	sow the deceased alive on above, (H (we) (did) (did no	at) view the body after death.	7, and that in (py) (our) apinio	n death occurred on the date and hour	ond from the causes stated
	22b. SKNATURE	Pulicia	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	7687
	MARCOS	7 6 6	M.D. Unfl C	HArles GENER	al Hospital
	23a BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	7/11/1987 10	AME OF CEMETERY OR CREMATORY	CITY OR TOWN	COUNTY MARY AND
	24 FUNDENCE BRAILEY	FUNERAL	OME 250 DY		RAR'S SIGNATURE
	1348 N. CALHOU	IN ST. BALTOIT	MO. 21217		

DHMH - 16 60M 7/84

TO FUNERAL DEECTOR should be definited for with the State Dept. of the IMPORTANT: # 184-21 A

retoined by the TO HOSPITAL

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(VRA 15, 4)

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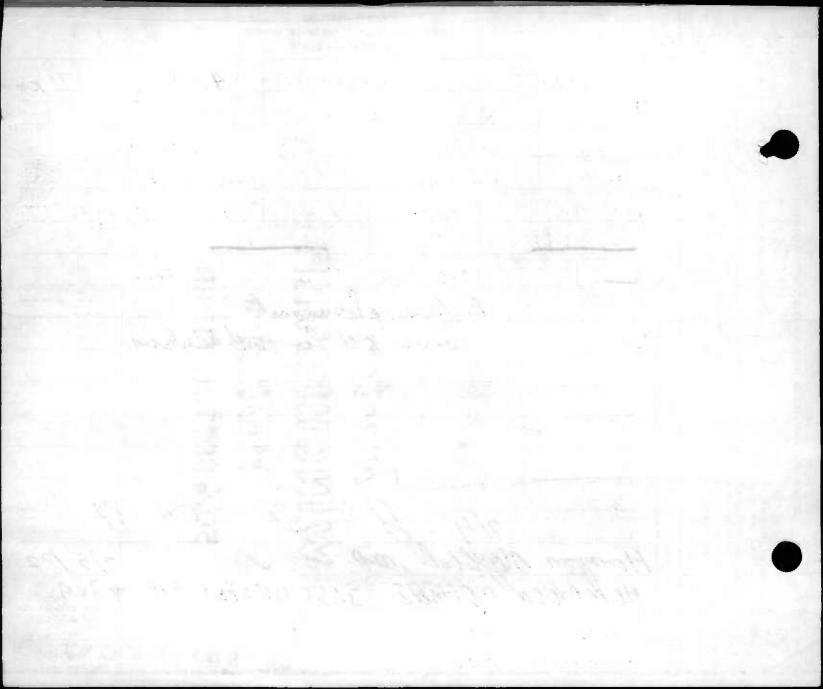
completely filled in by the funeral director, page 3 it and 2 should be filed within 72 hours after death

- 1				STATE	OF MARYLAND				- 1	
	1.	FOR Film G629 ite	ems 8,14,15 16a DEPA	RTMENT OF HE	ALTH AND MENTA	L HYGIENE	-,	9 8	9 1	
JUL	111	DECISTRAD	24-87 SB	CERTIFIE	CATE OF DEATH	8	REG. NO			
	1 DE	CEASED NAME FIRST	MIDDLE	LA!	ST	2a.	DATE OF DEATH		YEAR 21	HOUR .
	(TYPE	BEN	VIE	MCI	DOWELL		7/4/87			930
	3 SEX	X	4 RACE	5. DATE OF			GE (IN YEARS LAST BIRTI			FUNDER 14 HRS
		M	3	MONTH 2	27 0°	9	78	YRS	THS DAYS H	OURS MIN.
9,4		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	RY? B	☐ NEVER MARRIED	9 B	ALTIMORE CITY OF	COUNTY OF	DEATH	
4/		Gai	015	WIDOWED			Bala	bit	/	MD.
P	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	RSING HOME OR			USUAL OCCUPATION	ON P	126 KIND OF B	
野//		B. H	(IF NOT IN SUCH FACILITY, GIVE ST	TREET ADDRESS)			PE OF WORK FOR MOST OF		INDUSTRY	
27		1xac Mari	Bon Secan			10	nemploy	ed ·		1
35	13a S	AL RESIDENCE (IF NURSING HOME O	NTY 136. CITY OR 1		134 INSIDE CITY LIMI	ITS? 13e	STREET ADDRESS		ing to	1557
oc	14 FA	THER'S NAME			15. MOTHER'S MAIDE	EN NAME		0107	-	
E		FIRST	MIDDLE LAST		FIRST		MIDDLE	3.1 1.1.3	LAST	
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dico	160 V	VAS DECFASED EVER IN U.S. AF	IVE WAR OR DATES)	SECURITY NO.	17 INFORMANT	-	* ADDRES			
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å/		18 CAUSE OF DEATH (Enter o	nly ane cause per line for (a), db	ond ici.	0	• 1			APPROXIMA BETWEEN ONS	TE INTERVAL
ent,		PART I. DEATH WAS CAUSE	ED BY.	1. 1	Late 11 m	00 . 1.	7		DE INTERIOR	A THING DEPART
9		IMMEDIA	TE CAUSE (o)	MIT	14 Cuns	nuco				
to			DUE TO, OR AS A CONSE	QUENCE OF	Duel D		the Metail	A.		
50		Conditions, if any, which	(16) Can	ceso	Uptur	71112	in melay	asus		
± +		gave rise to immediate couse (a), stating the	DUE TO, OR AS A CONSE	CUENCE		1				
the		underlying couse lost.		GOENCE OF		V				
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C C	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT N	OI RELATED TO THE	ETERMINAL	DISEASE OR CONL	IIION GIVEN	IN PART ITO	
ig.	CERTIFICATION									
u 0	CA	19a DATE OF OPERATION	196. CONDITION FOR WE	IICH OPERATION	WAS PERFORMED	2	On AUTOPSY?	IN CERTIFYIN	ERE FINDING	S USED F DEATH?
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18 sh	CER	21a. ACCIDENT WAS UNDERLYING			216 HOW INJURY OF	CCURRED	ENTER NATURE OF INJUR	IN ITEM IS PART	ORPART 2)	
E		OR CONTRIBUTING CAUSE OF DE								
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ō	NEI NEI		21e PLACE OF INJURY (AT HOME STREET FACTORY OFF		STREET		CITY OF TOV	IN	COUNTY	STATE
- ke		AT WORK NOT WHILE			2	7 D	71		Da	
E		220.1 certify that (1) (this hasp	ital) attended the deceased from	om	20 19	10	to	19.	, the	at (I) (we) last
1 15		saw the deceased alive ar	1/4	9 22 and	that in (my) (aur) ap	pinian death	h occurred an the da	te and haur an	id from the coi	uses stated
E		27b. SIGNATURE	ot) view the body after death.	1	EGREE				22c DATE SIC	CNIED
If he		276. SIGNATURE	11.0001-1	" n	ATTENDI	INIC M	EDICAL _ STAF	<u>.</u>	THE DAJE SIC	100
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MPORTANI		110.110	0.100	100	27/	- ·	01.7			
	23a E	BURIAL, CREMATION, REMOVAL	23b. DATE	73¢ NAME OF CE	METERY OR CREMAT	TORY 2	234 LOCATION CITY OR TOWN	c	OUNTY	STATE
_		REMOVAL	7-7-87							
	24 FL	JNERAL DIRECTOR			25	Sa. DATE RE	C'D. BY REGISTRAR	SE REGISTRAF	S'S SIGNATUR	E
17/B4		STATE ANAT	OMV POAPD	:55	3.	.1111 (08 1997 \$	who Davi	don-Han	delle
7		DIEDEL MINGLE	OLIL DOME.D			OOL ,	- 1001			

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and should be defached for use as the buriol-transit permit. Then please remarks corban papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, crematian, or remaval.

retained by the haspital or attending physician. TO HOSPITAL OR ATTENDING PHYSICIAN: The



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completely filled in by the funeral director, page 3

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

0	7		
0	6	REG. NO.	

3018	FOR STATE REGISTRAR		DEPARI		ALTH AND MENTAL H	TYGIENE -	7 DEG NO	1	98	92
(TYPE	ECEASED NAME FIRST	on -	WIDDLE	Mc.	Dowell	2a DATE OF	7	7 -2		26 HOUR
3. SE	male	1. RACE	ack	5. DATE OF	DAY YEAR YEAR	6. AGE (INY	EARS LAST BIRTHE	YRS.	NONTHS DAYS	HOURS A
La	IRTHPLACE (STATE OR FOREIGN COUNTRY) CARACERA ITY OR TOWN OF DEATH	11. NAME OF		MARRIED WIDOWED ING HOME OR		120. USUAL	RECITY OR BALLE	COUNTY	12b KIND O	F BUSINESS
	alto MD.21236 AL RESIDENCE (IF NURSING HO	ME OF OTHER INSTITUTION	CH FACILITY, GIVE STREET	Ton Me	edical Klasp	1	FORMOSTOF		E) INDUSTRY	
2	STATE 13b C	COUNTY	Balto		3d INSIDE CITY LIMITS' YES NO D	253	ADDRESS / Z		out o	ave 2
14. FA	James	MIDDE .	McDow		onie Onie	NAME	MIDDLE		LAS	Ť
	WAS DECEASED EVER IN U.S. (YES) OR UNKNOWN) (IF YE	S. ARMED FORCES?	166 SOCIAL SEC 218-1	8 - 4 0 2 0	Novella	Branch	2531		dbroo	k Ave
	18. CAUSE OF DEATH (Ent PART I. DEATH WAS CA IMME Canditions, if any, whic gave rise to immediat couse (a), stating th underlying couse los	DUE TO, O be DUE TO, O be DUE TO, O be DUE TO, O		US CEOL	Cercino	na of A	L Esq	phas	ro.	ONSET AND UE
CATION	PART I. DEATH WAS CA IMME Canditions, if any, whic gave rise to immediat couse (a), stating th	DUE TO, O h cle le l	SQUBNUS A CONSEQUEDOR AS A CONSEQUED	UENCE OF	OT RELATED TO THE TE		PSY?	20b. IF YES,	EN IN PART ITE	IGS USED
ERTIFICATION	PART I. DEATH WAS CA IMME Canditions, if any, whice gove rise to immediate couse (a), stating the underlying couse los PART 2 OTHER SIGNIFICA	DUE TO, O h be DUE TO, O te DUE TO, O (b) C ANT CONDITIONS C	OR AS A CONSEQUENT ON TRIBUTING TO	UENCE OF DEATH BUT NO	OT RELATED TO THE TE	200 AUTO	PSY?	20b. IF YES, IN CERTIFY YES	EN IN PART Ito	GS USED
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1 7	PART I. DEATH WAS CA IMME Canditions, if any, whice gove rise to immediate couse (a), stating the underlying couse loss. PART 2 OTHER SIGNIFICA 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE CA	DUE TO, O h be lee DUE TO, O t. C) NOT CONDITIONS C 19b COND 19b COND 19b COND 21b. TIME C HOUR A MINER) 21c. PLACE (AT HOME, ST	OR AS A CONSEQUENTIAL ON TRIBUTING TO DITION FOR WHICH OF INJURY A.M. MONTH E	UENCE OF UENCE OF DEATH BUT NO CH OPERATION DAY YEAR 19 E. FARM ETC.)	OT RELATED TO THE TE WAS PERFORMED 21c HOW INJURY OCC 211 LOCATION STREET 4 that in Jury (our) apini	200 AUTO YES URRED (ENTER NA	NO TURE OF INJURY I	20b. IF YES, IN CERTIFY YES IN ITEM 18 PA	WERE FINDIN YING CAUSES S ART I OR PART 2) COUNTY	OF DEATH? NO STAT
1 7	PART I. DEATH WAS CA IMME Conditions, if any, whice gave rise to immediate couse (a), stating the underlying couse los PART 2 OTHER SIGNIFICA 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE CONTRIBUTING CAUSE CONTRIBUTING ATWORK 21d INJURY OCCURRED WHITE ATWORK ATWORK 22a.1 certify that (this I	DUE TO, O h be lee DUE TO, O t. C) NOT CONDITIONS C 19b COND 19b COND 19b COND 21b. TIME C HOUR A MINER) 21c. PLACE (AT HOME, ST	OR AS A CONSEQUENT ON TRIBUTING TO DITION FOR WHICH OF INJURY A.M. MONTH E. OF INJURY	UENCE OF UENCE OF DEATH BUT NO CH OPERATION DAY YEAR 19 E. FARM ETC.)	OT RELATED TO THE TE WAS PERFORMED 21c HOW INJURY OCC 211 LOCATION STREET that in Jury (aur) apini GREE ATTENDING	200 AUTO YES URRED (ENTER NA ion death occurre	DPSY? NO	20b. IF YES, IN CERTIFY YES IN ITEM 18 PA	WERE FINDIN YING CAUSES S ART I OR PART 2) COUNTY	GS USED OF DEATH? NO STAT
1 7	PART I. DEATH WAS CA IMME Conditions, if any, whice gove rise to immediate couse (a), stating the underlying couse los PART 2 OTHER SIGNIFICA 196 DATE OF OPERATION 216, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE CONTRIBUTING CAUSE CONTRIBUTION COURRED WHILE NOT WHILE AT WORK 220, I certify that this is a county of the county of	DUE TO, O h be lee DUE TO, O t. C) NOT CONDITIONS C 19b COND 19b COND 19b COND 21b. TIME C HOUR A MINER) 21c. PLACE (AT HOME, ST	OR AS A CONSEQUENT ON TRIBUTING TO DITION FOR WHICH OF INJURY A.M. MONTH E. OF INJURY	UENCE OF UENCE OF DEATH BUT NO CH OPERATION DAY YEAR 19 E. FARM ETC.) DECEMBER 19	OT RELATED TO THE TE WAS PERFORMED 21c HOW INJURY OCC 211 LOCATION STREET that in Jury (aur) apini GREE ATTENDING	200 AUTO YES URRED (ENTER NA	DPSY? NO	20b. IF YES, IN CERTIFY YES IN ITEM 18 PA	WERE FINDING CAUSES COUNTY Ond from the	OF DEATH? NO STAT

DHMH - 16 60M 7/84

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and should be detacted for use as the burial-transit permit. Then please remove carbanpapers. Pagewith the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

(VRA 15, 4)

24 FUNERAL DIRECTOR March F/H 1101 E. North Ave.

061214 JUL 3087 The State of the Continue of the Continue of the Continue of the State work I do East Mr. 2250 pulled and

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR CEASED NAME MIDDLE 2a DATE OF DEATH MONTH PYPE OR PRINTI Marion A. McFadden July 21, 1987 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) 3. SEX 4 RACE IF UNDER LYFAR IF UNDER 24 HRS MONTH May 24, 1895 92 **BALTIMORE CITY OR COUNTY OF DEATH** To BIRTHPLACE ISTATE OF FOREIGN RTHI COUNTRY) 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED K Baltimore City, USA WIDOWED CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 12b. KIND OF BUSINESS OR Miscell. Type of work for most of working Life)
Bookkeeper (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Baltimore Belair Convalesarium ISUAL RESIDENCE OF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

130. STATE

134. COUNTY

136. CITY OR TOWN Baltimore Baltimore 13. STREET ADDRESS / ZIP CODE Rd. 13d INSIDE CITY LIMITS? 21212 Md. NO FATHER'S NAME 15 MOTHER'S MAIDEN NAME John A. McFadden FIRST Mary J. McHale "WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Mrs. Edythe Sincock 132 Homeland Ave. 21212 578 14 4058 18 CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE 10 Conditions, if any, which gave rise to immediate couse (0), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART THE CERTIFICATION 190 DATE OF OPERATION 19h, CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF 71a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 214 INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STREET, FACTORY, OFFICE, FARM, ETC 1 WHILE NOT WHILE 22x I certify that (12 this hospital)

obove, (R | ww) (did)

STAFF ATTENDING MEDICAL DIRECTOR PHYSICIAN

PHYSICIAN

L DATE SIGNED

230 BURIAL CREMATION REMOVAL

Cremation

7/23/87

23¢ NAME OF CEMETERY OR CREMATORY Green Mount Cem.

Baltimore. Md.

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

DHMH - 16 60M 7/84 (VRA 15, 4)

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be detached e State Dept.

MPORTANT: should b

> 24 FUNERAL DIRECTOR MITCHELL-WIEDEFELD HOME, INC.

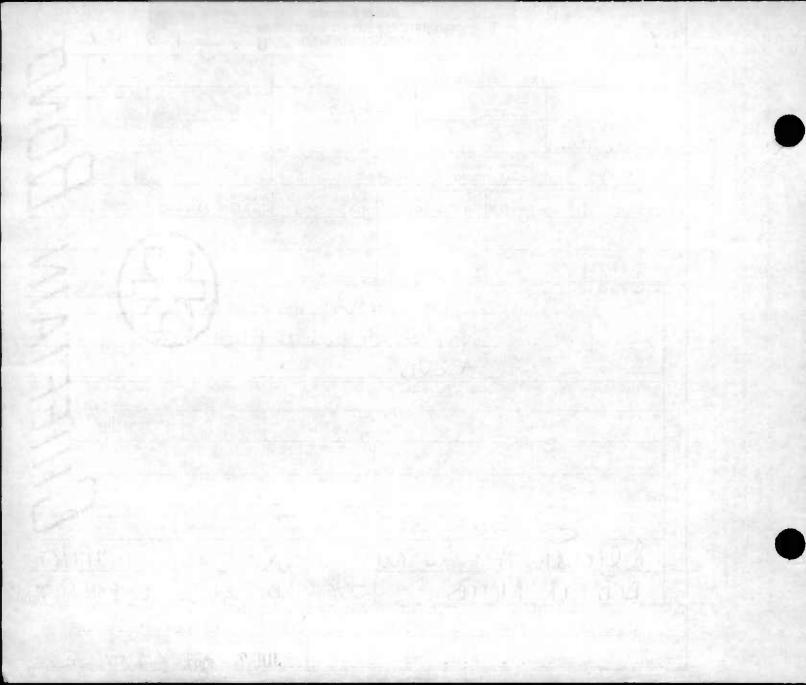
6500 York Rd.

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			9 63		CEASED NAME FIRS	- 11	MIDDLE		LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
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	ma)	. po		3 SE		4. RACE		5. DATE	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	ge 4	ecto irs of			Female		ack	12	10-17	69 _Y	RS
	P. Po	ol dir	Pel T		RTHPLACE STATE OR FOREIGH	76 CITIZET	OF WHAT COU	NTRY? 8.	ED NEVER MARRIED	BALTIMORE CITY OR COL	
	deat	uner hin 7	70		mming, Ala		JSA	WIDOV	VED DIVORCED	Baltimore	THE.
4	Je .	the f	Ped	00.	TY OR TOWN OF DEATH	(IF NOT	IN SUCH FACILITY, GIVE	E STREET ADDRESS]	OR OTHER INSTITUTION	128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)	12b. KIND OF BUSINESS OR INDUSTRY
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BALTIMORE, MARYLAND 2120	n 24 ho	filled in nould be	35	130. S Ma	ryland 13b C	OUNTY	13c CITY O		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP C 2230 Barcla	y Street
RYL	~ ithi	etely 12 st	NE CO	14 FA	THER'S NAME	MIDDLE	LA	ST	15 MOTHER'S MAIDEN NA	AME	LAST
WA	ted ,	and ple			Jack		Wrothy		Estelle		
ORE,	xecu	Pages	medical		AS DECEASED EVER IN U.:	S. ARMED FORCES GIVE WAR OR DA	TES)	L SECURITY NO	17 INFORMANT	ADDRESS	
TIM	p.e	on a	the me		No		419-3	2-9663	Virginia	Brice 2230	Barclay Street APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	quires that the death applica	signed by the attended phase from the please remove carbon particle from the purion or remove the purion of the properties of the properties of the purion of the properties of the purion of the puri	ry, or other traumo	NO	Conditions, if ony, whice gove rise to immedio- couse (o), stating the underlying couse los	DUE 1 h e DUE 1	O, OR AS A CON O, OR AS A CON O, OR AS A CON CO.	G. Stal	nding atrial	uffichay fibrillation	
ECO	W L	rmit.	8	CERTIFICATION	190 DATE OF OPERATION	19b C	ONDITION FOR V	WHICH OPERAT	ON WAS PERFORMED	200 AUTOPSY? 206 I	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?
ALR	The	e hos	0 //	RTIF						YES NO	YES NO
OFVII	SICIAN	s certificate ouriol-transit	00		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE ((IF EITHER NOTIFY MEDICAL EXA	DE DEATH HOL	IME OF INJURY JR A.M. MONT P.M.	H DAY YEA	3	RRED (ENTER NATURE OF INJURY IN ITE	vit8 Part i Or Part 2}
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0	ATTENDIN	RECTOR: After the open of Health	5		220 Certify that (1) (this sow the deceased all above (1) we) (did (c		ed the deceased body after death.	chant		death occurred on the date and	hour and from the couses stated
	TAL OR	0 00	NT. # #em		22b SCNAWRED	ah 1	now	is N	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
	O HOSPI	TO FUNERAL Eshould be deta	MPORTANT		Debora	h	10rris		2706 N		St. Balt NO RIZIA
	_				URIAL, CREMATION, REMO				CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY
	E	3P	_	24 51	Burial INERAL DIRECTOR	07	-09-87	Mt. 2	ion Cemeter	y Baltimore TE REC'D. BY REGISTRAR 25b. RE	, Maryland
	DHA	AH - 16 60/			NAME	- T) TT	ADI	DRESS		HII O	,
		(VRA 15,	4)	Br	own/Thomps	on F.H	. P.O.	Box 4	433	JUL / 1007	Julia Sidismi Palaca

Julia Tisidon Pondage



8	T 29-0	FOR STATE REGISTRAR	DEPARTM	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	SIENE REG. NO. 1	0 2 3 2
e		1. DECEASED NAME FIRST (TYPE OR PRINT) WILI	LIAM J.	MC INTYRE	JULY 4,1987	3:45A
ge 4 may	ector. pa	3. SEX Male	RACE White	5. DATE OF BIRTH ***3TH 20 YEAR 1912		FUNDER LYEAR IF UNDER 24 MRS.
Geoth. Po	thin 72 hou	Pennsylvania	U. S. A.	8. MARRIED A NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNTY BALTIMORE CI	
s ofter o	by the	BALTIMORE	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACRITY, GIVE STREET A JOHNS HOPKIN		TYPE OF WORKING LIFE	126. KIND OF BUSINESS OR INDUSTRY Steel
4ND 212	filled in rould be	130. STATE Pennsylvania Cam	other institution give residence before IY bria 130 CITY OR TOWN Johnsto		13e.STREET ADDRESS / ZIP CODE 718 East Oakm	15904 ont Blvd.9777
MAKTE.	A Agricia	David David	H. LASMC	Intyre FIRST Mary	MIDDLE	Marron
BALIIMOKE,	Pages 1	160 WAS DECEASED EVER IN U.S. ARA (YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES) 209-10-3	RITY NO. 17 INFORMANT 3900 Janet McInty	yre 718 East Oakm	nstown,Pa. ont Blvd.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALLI	ing physicion. s certificate has been signed by the offending physicio ouriol-transit permit. Then please remain corboin-popers ouriol-transit permit. Then please remain or remained. The space of the plant of the plant of the physicion of the plant of the physicion of the phy	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQUE (b) CHOCAN DUE TO, OR AS A CONSEQUE (c) ONDITIONS CONTRIBUTING TO D 19b. CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH DA	NCE OF 10-10 CARCINOMA NCE OF DEATH BUT NOT RELATED TO THE TERM OPERATION WAS PERFORMED 216 HOW INJURY OCCUR	20a AUTOPSY? 20b. IF YES IN CERTIF'	WERE FINDINGS USED FING CAUSES OF DEATH? INTIORPART?)
ENDING PH	OR: After this or use os the birdelith cut is mark as	27a.1 certify that (I) (this haspit	of ottended the deceased from	ARM, ETC) STREET	city or town	9 1, that (I) (we) lost
- 5,	E STORE	above, (1) (we) (did))(did not	view the body after death.	, one mor in (my / (oc.) opinion	seem octoried on the dore and hour	ond from the cooses stored

TO FUNERAL DIREC should be detached with the State Dear IMPORTANT: If Item DHMH - 16 60M 7/84 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 23b. DATE 7-7-87 23c NAME OF CEMETERY OR CREMATORY Forest Lawn Cemetery

DEGREE

22e ADDRESS 600

topkins Hosp 23d. LOCATION CITY OR TOWN

WOLFE ST

BALT MD Johnstown, Cambria,

220 DATE SIGNED

21205

24 FUNERAL DIRECTOR Marzullo Funeral Service

CUNNINGHAM, MD

250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Upperco.

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

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STATE OF MARYLAND

DEPARTMENT	OF HEA	LTH AND	MENTAL	HYGIENE
CEI	PTIFIC	ATE OF	DEATH	199

9	STATE REGISTRAR				CERTIF	ICATE OF DEATH	8 7 REG. N	0.	0 0	0 7
	CEASED NAME ORPRINT)	Mick		S',	Mic	KAMEY	2a. DATE OF DEATH	MONTH D	7 87	9:45 8M
3. SE	MALE		4. RACE WH	TE	5. DATE C		6. AGE (IN YEARS LAST BIR		FUNDER TYEAR	IF UNDER 24 HRS. HOURS MIN.
	RTHPLACE (STATE OR F	OREIGN	b. CITIZEN OF	WHAT COUNTRY	(? 8	NEVER MARRIED	9. BALTIMORE CITY O		OF DEATH	
	West Virg	inia	USA		WIDOWE		Baltin	nore C	Ity	MD.
10. CI	TY OR TOWN OF DEA	TH	(IF NOT IN SUC	H FACILITY, GIVE STRE	ET ADDRESS)	OR OTHER INSTITUTION	12a. USUAL OCCUPATI	F WORKING LIFE	INDUSTRY	F BUSINESS OR
ansi i.	Baltimore AL RESIDENCE (IF NURS	NO HOME OR		rsity Ho		,	Retired	- West	tern El	ectric
13a. S	Maryland	13b. COUN		13c. CITY OR TO Dunda	WN	13d. INSIDE CITY LIMITS? YES NO 🔣	13e.STREET ADDRESS . 1715 Ranch		21222	
14. FA	THER'S NAME		AIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME		LAS	
)	Samuel		н.	McKa	mey	Rhoda	F.			aizer
	VAS DECEASED EVER		MED FORCES?	166 SOCIAL SEC	CURITY NO.	17 INFORMANT	ADDRE	55		
	No			229-16-	-6693	Ruth V. McKa	mey same	as 13		
	Conditions, if ony, gove rise to imm couse (o), stofin underlying couse	which nediote g the lost.	DUE TO, OF DUE TO, OF DUE TO, OF	SAS A CONSEQ RAS A CONSEQ	UENCE OF UENCE OF	SHOCK MEBUCYTIC			18	MATE INTERVAL INSET AND DEATH LLS,
Z	TAN	FAS	TITIM	ONTRIBUTING TO	- 0:	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 100	
CERTIFICATION	19a DATE OF OPERAL	ION	1111	TION FOR WHIC		N WAS PERFORMED	200 AUTOPSY? YES NO		WERE FINDING CAUSES	
CAL CER	21g. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC	AUSE OF DEAL	21b. TIME OF HOUR A./	M. MONTH	DAY YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM TO PA	RT OR PART 2)	
MEDICAL	21d INJURY OCCURE WHILE NOT WH AT WORK IN AT WOR	ne 🗇	21e PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFICE	E FARM, ETC)	21f LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	22a I certify that (1)	(this hospit	ol) ottended the	deceased from		, 19	, to	, 1	9	that (I) (we) last
	sow the deceose obove, (h) (we) (c 27b. SIGNATURE	Vel	view the body	s-plm		22e ADDRESS	MEDICAL STAL DIRECTOR PHYSIC	FF	22c. DATE	
73a B	URIAL, CREMATION,	DE MOVA!	23b. DATE	- 101110	NAME OF C	EMETERY OR CREMATORY	173d LOCATION			1/44
234. 6	SPECIFY) Buria		7-15-			ille Cemetery		ville	W. Vir	ginia

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been should be detached for use as the burial-transit permit. The with the State Dept. of Health and Mental Hygiene priority IMPORTANT: If Item 21 is marked or Item 18 shows ony in

> 74 FUNERAL DIRECTOR Duda-Ruck Funeral Home of Dundalk 7922 Wise Ave. Dundalk, MD 21222

JUL 10 1987 Aulia Dividion. Registrar's Signature Adia Divider Rendallo

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	E	ů.	ě	3. SE		4 RACE		S. DATE C			AGE (IN YEARS LAST BIR	THDAY)	MONTHS DA		NDER 24 HRS
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1	17	ner	5 6	1	York, PA	V.	5.	WIDOWE		B	altimore (City	Mar	yla	nd MD.
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10	7 5	by a	12/	Q	Saltimore	Sans		Cetital			REtire				
2120	hou	2.5	9 /9	13a.	AL RESIDENCE (IF NURSING HOME OR) TATE 136, COUN	OTHER INSTITUTION		SEFORE ADMISSION)	13d. INSIDE CITY LIMI	ITS2 113	e STREET ADDRESS	ZIP CO	DE		
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BALTIMORE, MARYLAND	Sec.	CO	200		VAS DECEASED EVER IN U.S. ARA			SECURITY NO.	17. INFORMANT		ADDR				MD
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ALTI	i o	1000	2 2			y one cause per							BETWE	OXIMATE	INTERVAL AND DEATH
	Infree	phy	movol vent, t		18 CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED	Ó BY: E CAUSE (o)	Ca	rdiac	arrest-						
Z	Cer	Buil.	or re fice		IMMEDIAN		R AS A CONSI	EQUENICE OF						_/	
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8	e e	e e	emat mat er tro		gove rise to immediate couse (a), stating the	DUETO	R AS A CONSI)	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '			100			
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	es -	paul	y, or		PART 2 OTHER SIGNIFICANT C	ONDITIONS CO			NOT RELATED TO THE	E TERMIN	AL DISEASE OR CON	DITION G	SIVEN IN PART	lio	
RDS	edo	Dis u	injur to t	CERTIFICATION	Like House and										
0	3	o o	ony ony	ÇĀ.	190 DATE OF OPERATION	196 COND	ITION FOR WE	HICH OPERATIO	N WAS PERFORMED		200 AUTOPSY?		ES, WERE FIN		
AL RE	he lo	hos	o se e se	Ī	12/86.		Ca 6	reart			YES NO X		YES [0
VIT.	ž	ysici	Hygin Sh	E E	21a. ACCIDENT WAS UNDERLYING			DAY YEAR	21c. HOW INJURY O	CCURRED	ENTER NATURE OF INJU	RY IN ITEM 1	8 PART I OR PART	2}	
0	CIA	9 ph	riol-t entol	AL.	OR CONTRIBUTING CAUSE OF DEAT	in .	M. MONTH	19							
O	HYS	ndin his c	d Me	MEDICAL	214 INJURY OCCURRED	21e PLACE	OF INJURY		211. LOCATION		CITY OR TO	WN	COUNTY		STATE
IVIS	O.	atte ter 1	s the	×	WHILE NOT WHILE AT WORK	(AT HOME, ST	REET, PACTORY, OF	FICE, FARM, ETC.)	3,4627						
۵	2	o A	ealth mo		22a. I certify that (I) (this hospit	ol) ottended th	e deceosed fr	om 7 8	0 0 19_	87	., to 7 2	8	, 19 8 5	_, that	(I) (we) lost
	TE	pritol TOR	af H		sow the deceased alive an above, (1) (we) (did) (did not) view the body	after death	19 87,01	nd that in (my) (our) op	pinion dei	oth occurred on the d	ote and h	our and from	the cous	es stoted
	OR A	hospit	ept.		22b. SIGNATURE	<u></u>			DEGREE				22c. DA	ATE SIGN	NED
	A C	the ALD	T, #			mari	ferm		ATTENDI PHYSICI		MEDICAL STA			7/2	X187
	SPIT	J by	TAN TAN		27d PHYSICIAN'S NAME (TYPE OF	PRIP 1))		22e ADDRESS					1	
	HOSP	oine FU	should be der with the State IMPORTANT:		Dr.	wiste	1, M	ilan							
	0	- T	5 3 ₹		BURIAL, CREMATION, REMOVAL	23b DATE			EMETERY OR CREMAT	TORY	23d LOCATION				
	-	BP	N. U. I.E.		Cremation	7-29	-87	Greenmo	unt Cemete		Baltimo	re,M	arylan	d	STATE
	C/L	AALI 14	60M 7/84	24. F	JNERAL DIRECTOR				25	So. DATE R	REC'D. BY REGISTRAR	256 REG	STAMIN'S STOR	JATURE	i
	DH.	(VRA			John C. Miller,	Inc	6415 Be	elair Rd	21206	JUL	3 1 1901				

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requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN The low retoined by the hospitol or ottending physician.

filled in by the funeral director, page 3 ould be filled within 72 haurs ofter death

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYCIENE

1	a	12	9	-8
REG. NO.	7	U		-

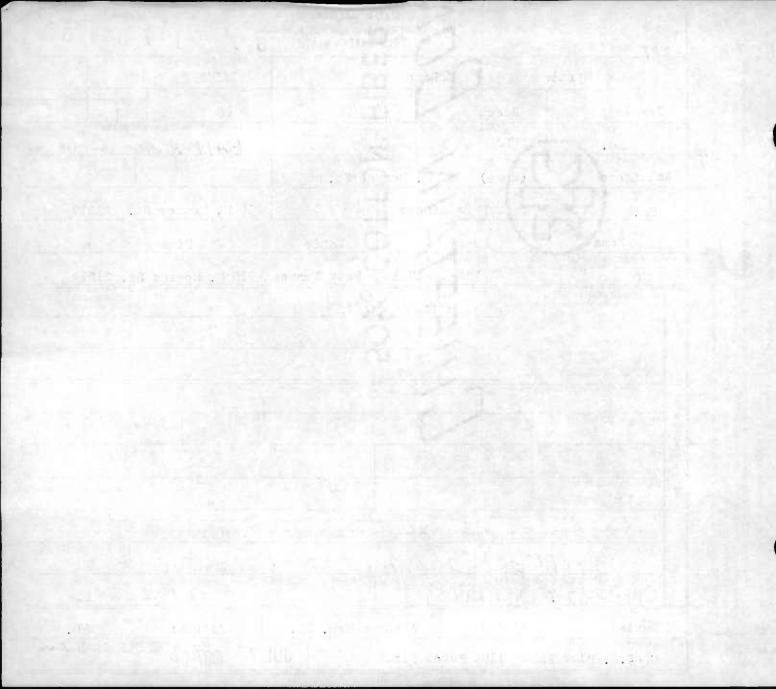
nn	1.	STATE REGISTRAR		CERTIF	ICATE OF DEATH	8 / REG. NO	198	9 8
JUL		CEASED NAME FIRST E OR PRINT) Myrtle	MIODIE	McLane	LAST	20 DATE OF DEATH 7	MONTH DAY YEA	26 HOUR
	3 SE	× Female	4 RACE Black	S. DATE (720/98 YEAR	6 AGE (IN YEARS LAST BIRTE	HDAY) IF UNDER 1 YES	
Greed of once	10 C	IRTHPLACE (STATE OR FOREIGN COUNTRY) Md. ITY OR TOWN OF DEATH	(IF NOT IN SUCH FACIL	MARRIE WIDOWE ITAL, NURSING HOME (LITY, GIVE STREET AODRESS)	OR OTHER INSTITUTION	9 BALTIMORE CITY OF BALT: 120 USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF	MORE ON 126 KIN	City MD.
ominer must be no	USU 13a. :	Baltimore AL RESIDENCE (IF NURSING HOME OF STATE Md. ATHER'S NAME FIRST	MIDDLE	Baltimore	13d. INSIDE CITY LIMITS? YES IN O THE STATE OF THE STATE	MIDDLE	roe St. 2	21217
nedicol exc		Zora WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GI	E WAR OR DATEST	1	Katie 17 INFORMANT Mary Pearso	D ADDRES	P. A. Desire	1217
, or other troumotic even		PART I. DEATH WAS CAUSE IMMEDIA Conditions, if ony, which gave rise to immediate cause iol, stating the underlying cause lost. PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A	a Consequence of	MOTORIATED TO THE TERM			Lio
Soms ony injury	CERTIFICATION	190 DATE OF OPERATION		FOR WHICH OPERATIO		200 AUTOPSY?	206. IF YES, WERE FIN IN CERTIFYING CAU	NDINGS USED
Hem 18 sh	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	HOUR A.M. /	MONTH DAY YEAR		RED (ENTER NATURE OF INJURY	IN ITEM 18 PART I OR PART	7)
norkedor	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		CTORY, OFFICE FARM ETC)	2H LOCATION STREET	CITY OR TOW	VN COUNTY	STATE
Hem 21 is n		27a. I certify the (1) (this hosp sow the deceosed alive on above, (1) (we) (did) (did no 27b. SIGNATURE	0' 1 4	7 60-0	nd that in my (our) opinion of	,		the couses stated ATE SIGNED
MPORTANT: IF		22d PHYSICIAN'S NAME (TYPE OF CHILL STOPHEN	MARY 1991 D. KEA	D N RNEY	ATTENDING PHYSICIAN (BALT 12	1D
_		BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	23b. DATE 7/7/87		tus Mem. Pk.	23d LOCATION CITY OF TOWN Arbuti		MD. STATE
7/B4	24 F	UNERAL DIRECTOR Chas. A. Rice H	SPA 1300	Eutaw Place	25a. DAT	E REC'D. BY REGISTRAR 2	Sh. REGISTRAR'S SIGN	VATOR ALL

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician should be detached for use as the buriol-transit permit. Then please remove corbon papers—with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

FOR



BP DHMH - 16 50M 4/B2

(VRA 15, 4)

95 3

1	10-	FOR STATE REGISTRAR		DEPARTMENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG ICATE OF DEATH	SIENE 87	198	99
	I. DEG	CEASED NAME FIRST CHA	RLES A.	NA i	HLIN	2a. DATE OF DEATH	12 · 87	2 P. M
	3. SE)	M	4. RACE	5. DATE (6. AGE (IN YEARS LAST BIR		YEAR IF UNDER 24 HRS
6	M	RTHPLACE (STATE OR FOREIGN COUNTRY)	75. CITIZEN OF WHAT C	MARRIE		BALTIMO	RE CITY	→ MD.
0		BALTO,	3517 SH	ANNON	DRIVE	126 USUAL OCCUPATION OF THE CHECKER	F WORKING LIFE) INDUS	ND OF BUSINESS OR
2	13a. S	MD. ·		PENCE BEFORE ADMISSION) Y OR TOWN ALTO.	134. INSIDE CITY LIMITS?		J.	1213 IVE,
0		THER'S NAME FIRST		ALIN	15 MOTHER'S MAIDEN NA	JANE	CHESTER	
		VAS DECEASED EVER IN U.S. AI VES NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES) 213	- 07 - 7226	HA. Sentrude	M. Medeugh	lin - 3517.	Mannon D.
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA	AF BETV	PROXIMATE INTERVAL VEEN ONSET AND DEATH				
		Conditions, if any, which	DUE TO, OR AS A C	ONSEQUENCE OF	CUP.			
ij		gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A C	ONSEQUENCE OF	signed in	abrence of	m. ru	utzs.
	NOI	PART 2. OTHER SIGNIFICANT						
4	CERTIFICATION	190 DATE OF OPERATION		OR WHICH OPERATIO		200 AUTOPSY?	20b. IF YES, WERE FI IN CERTIFYING CAI YES	USES OF DEATH?
g		216. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MC		?It. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART 1 OR PAR	tt 2)
1	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJU		21f. LOCATION STREET	CITY OR TO	wn COUNT	Y STATE
		22a.1 certify that (1) (this hasp sow the deceased alive a above, (1) (we) (did) (did n	n	19	nd that in (my) (our) opinion	deoth occurred on the do		, that (I) (we) lost the couses stated
		22b. SIGNATURE	I ell		DEGREE ATTENDING PHYSICIAN (MEDICAL STAI	F	ATESIGNED
		22d. PHYSICIAN'S NAME (TYPE	· PARK	1	7/22 Hay	ford 121.		
		BURIAL, CREMATION, REMOVA SPECIFY) BURIAL	7-15-87	23c. NAME OF C	LAWN CEM.	23d LOCATION CITY OF TOWN	O. MOUNTY	STATE
	A.	INTERAL DIRECTOR	- 7527 d	ADDRESS F	250. 91	JL 14 1987	236 REGISTRAR'S SIG	

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							SIAIE	OF MAKILAND						
31.10	V	FOR STATE			DEP	ARTMENT	OF H	ALTH AND MENTAL HYG	IENE					
JUL	Иō	REGISTRAR				CE	RTIF	CATE OF DEATH	8	REG. N	0 1	9 9	00	
	1 DEG	CEASED NAME	FIRST		MIDDLE		LA	IST	20. DATE C		MONTH.	DAY YEAR	7b. HOUR	
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Ē		220 I certify that (I) (t	his hospita	i) attended the	e deceased fr	rom Uo	10	19 87		071	12	19 87	, that (I) (we) las	
2		sow the deceased		7/12		19 87	on.	d that in (my) (our) opinion (deoth occurr	ed on the d	ate and h	our and from the		
E		obove, (I) (we) (did	(did not)	view the body	ofter death.			PEGREE						_
+		TO SIGNATURE	d	D	1 .		L	ATTENDING	MEDICAL	STA	EE .	77c. DAI	E SIGNED	
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<u> </u>	23a B	BURIAL, CREMATION, RE	- ' '	23b. DATE			OF C	METERY OR CREMATORY	123d, LOC					=
		(SPECIFY)	MOVAL	7/17/	/87				CIT	YORTOWN		COUNTY	MD	
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DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

24 FUNERAL DIRECTOR Wm. NG. March F/H West

Arbutus Memorial

Park Arbutus

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

4300 Wabash Avenue

ex control post alone Partone sent Laborer - Firm War. Co. Charletin E. Charling Brothers Cod M. No. cond And the state of the first of the state of t

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FOR STATE EGISTRAR

JUL

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH

HYG	IENE		
	8 7 REG. NO. 9	9 0	2
	20. DATE OF DEATH MONTH . DA	Y YEAR	26 HOUR
	7 21 8	7	4 D M
	6 AGE (IN YEARS LAST BIRTHDAY)	UNDER I YEAR	IF UNDER 24 HRS
	76 YRS	AVINS	, and
	BALTIMORE CITY OR COUNTY	F DEATH	
ă	Baltimore Ci	ty	MD.
	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	126 KIND O	F BUSINESS OR
Id.	Ret.Maintena	nce.N	urs. Hom
5?	13. STREET ADDRESS / ZIP CODE		
,	1517 Byrd St.B	alto.	Md.2123
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,	Mae	Pott	er
rw	ich Acres Pasa	dena.	Md.2112
	A.Worrel,298	Cape	Md.2112 SableCt
		Y APPROXI	MATE INTERVAL DISET AND DEATH
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1	4 8	REGISTRAR			CERTIF	ICATE OF DEA	ATH	8 7 REG. N	d 9	9 0	2
		CEASED NAME FIRST OR PRINT) Albert	- W	NDDLE	Mi	Manu	3	2a. DATE OF DEATH	21 8		4 P M
-	3. SEX	Male	4 RACE White		S. DATE C	DAY	YEAR O	6 AGE (IN YEARS LAST BE 76	YRS	ONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
1	Ğ	RTHPLACE (STATE OR FOREIGN COUNTRY) -EOTGIA	US		WIDOWE		RCED 🔯	Baltimore city of Baltimore	ore Ci	ty	MD.
7	В	altimore	(IF NOT IN SUC	HOSPITAL, NURSIN HEACHLITY, GNESTREET	ADDRESS)	Balt	200	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST Ret. Ma:	OF WORKING LIFE	INDUSTRY	urs, Home
5	13a. S	AL RESIDENCE (IF NURSING HOME OF STATE 13b. COUNTY Land	OTHER INSTITUTION	Baltimo	M1	13d. INSIDE CITY	LIMITS?	1517 Byro	ZIP CODE	Balto.	Md.21230
C	14. FA	Albert	MIDDLE	McManus	S	15 MOTHER'S M	lla	MIDDLE		Pott	
Second .		VAS DECEASED EVER IN U.S. AR	MED FORCES? E WAR OR DATES!	220-05-		Mrs.Do		ich Acres	Pasa 298	dena, Cape	dd.21122 SableCt.
ATTEN .	7	18 CAUSE OF DEATH IEnter or PART I DEATH WAS CAUSE IMMEDIA. Conditions, if ony, which gove rise to immediate-cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT (D BY. TE CAUSE (a) DUE TO, OI (b) DUE TO, OI	R AS A CONSEQUE	ENCE OF		O THE TERMI		PDITION GIVE	Men	NASE I AND DEATH
7	CERTIFICATION	190 DATE OF OPERATION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORM	AED	20a AUTOPSY?		WERE FINDING	
9	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFETIMER NOTIFY MEDICAL EXAMINE! 21d. INJURY OCCURRED WHILE NOTIFY HOLD CAUSE AT WORK NOT WHILE AT WORK 220.1 certify that (1) (bis hosp sow the deceased alive or obove, (1) (we) (did) (did no 17.6. Sign AT URE	21e PLACE (IAT HOME, STR	M. MONTH DAM. OF INJURY BET. FACTORY, OFFICE, F	FARM, ETC.)	ZII LOCATION	19_8	CITY OR TO	2(COUNTY	
5		1	etch " TISEPH	bin	mi	ATT	ENDING YSICIAN E	MEDICAL STA	CIAN	7/2	187
	23a B	BURIAL CREMATION, REMOVAL (SPECIFO TEMATION)			NAME OF C	EMETERY OR CR		23d LOCATION	nsvill	Le, Bal	to . Co . Md
34		c Cully Funer	Balto.A	Id .2123(e, 130 E.	Fort			REC'D. BY REGISTRAL 23 1987	1 .	AR'S SIGNATU	The same of the sa

DHMH - 16 60M 7/B4 (VRA 15, 4)

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STATE OF MARYLAND

061	1 1 9 JUL 29	87	FOR STATE		DEPARTMENT OF	IE OF MARTLAND HEALTH AND MENTAL HYG FICATE OF DEATH	BIENE 8 Z		9 9	0 3
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	9 % £		OR PRINT) CHARL		MCQUA	ICF	JULY 24		1 - 2	9:45 _M
	may be page 3 er death	3. SE		1 RACE		OF BIRTH	6 AGE (IN ARSLAST BIR		F UNDER TYEAR	IF UNDER 24 HRS
2	s offi	-1	Male	Negroi	a ma	Ar. 19 1943	1 44	YRS	ONTHS DATS	MOURS MIN
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	he funera within 7.	N	TY OR TOWN OF DEATH	III. NAME OF HOSPIT	WIDOW	OR OTHER INSTITUTION	BALTIMO			MD. OF BUSINESS OR
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BALTIMORE, MARYLAND 2120	hau d in d be	USU/ 13a, S	AL RESIDENCE (IF NURSING HOME OF	PROTHER INSTITUTION, GIVE RES			13e STREET ADDRESS	ZHP GODE	2	1213
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ORE, I	ogo de		VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SO	OCIAL SECURITY NO.	17 INFORMANT	ADDR		vers	Edge Ri
TIME	P. Co.		NO	KII	5364041	JAIMOUN	arge co	lumb		D. 2104
BAL	(b) (4)(b)	7	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	ED BY:	1 - 1	OKE			BETWEEN	ONSET AND DEATH
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510	deoth trending the converse co		Conditions, if any, which	DUE TO, OR AS A	CONSEQUENCE OF					
PR	by the death by the often ose remove oil, fremotion.		gave rise to immediate cause (a), stating the	DUE TO, OR AS A	CONSEQUENCE OF	9				
5	7 - 7 - 5 6		underlying cause last	((c)						
, SOS, 2	equires the signed Then plear to burial injury, ar	Z O	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIB	BUTING TO DEATH BU	IT NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVE	N IN PART 1	0
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST	ony	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION F	FOR WHICH OPERATI	ON WAS PERFORMED	200 AUTOPSY?			NGS USED S OF DEATH?
VITA	ysicing ysicing and hyging B shop	GR.	210. ACCIDENT WAS UNDERLYING			21c. HOW INJURY OCCUR				
OF	SICIAN: TI ng physici certificate urial-transit ental Hygi	₹ S	OR CONTRIBUTING CAUSE OF D	DAIH	19					
NOISI	o A bus	MEDICAL	216 INJURY OCCURRED	21e. PLACE OF INJ (AT HOME, STREET, FAC	TORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO)WN	COUNTY	STATE
» NO	on an attent on a strength on		22a I certify that (1) (this has	attanded the days	avad from 3	1/23 10 8	7 - 7/20	1	0 97	that (I) Pura last
mestr			saw the deceased alive a	7/24	19 87	and that in (my) jour) apinian	death accurred on the d	ate and hour	and from the	causes stated
13	R A has has hed ept.		abave, (1) (we) (did) (did r 22b. SIGNATURE)	nati view the body after a	leath.	DEGREE			22c DAJE	SIGNED
			Mutter	K- He	how ,	ATTENDING PHYSICIAN [MEDICAL STA		7/2	24/87
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,	should with	230	BURIAL, CREMATION, REMOVA	L 23h DATE	1234 NAME OF	CEMETERY OR CREMATORY	ZIZO	>	7	2 /
	BP	7.50	Burial	7-28-8	7 Cedo	r Hill	Anne	frun	de/C	ounti
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STATE OF MARYLAND

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REG. NO.		1	U	

JUL	STATE REGISTRAR	DEI ARTIM	CERTIFICATE OF DEATH	8 / REG. NO. 9 9 0 4
1. (DECEASED NAME FIRST	MIDDLE	Ma Change	20. DATE OF DEATH MONTH DAY YEAR 26 HOURS
1	Emma		Mc Queen	A AGE JINIYEARS LAST RIPTMOAY IF HINDER 1 YEAR OF HINDER 21 HR
V .	SEX	4 RACE B	S DATE OF BIRTH MONTH BYEAR YEAR	MODE (INTERNSTRUCTION)
F10 70.	BIRTHPLACE (STATE OR FOREIGN	U.S. A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	
10 /C	Balto.	Jenkobs Menorita 1000 S. Caton A	HOWER OTHER INSTITUTION VE. 21229	
136 136 US	SUAL RESIDENCE IN NURSING HOME OR IS STATE 136 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE ITY Balto		
Name 14	FATHER'S NAME FIRST	MIDDLE LAST	15 MOTHER'S MAIDE	NAME MIDDLE LAST
medical 160	WAS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIAL SECUR E WAR OR DATES) 215-96-63		n Barber 3909 Bareva Rd.
r, or other trainmate.	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE	NCE OF	TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 o
8 shews ony injury			OPERATION WAS PERFORMED	200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO
d or Item 18 sh	OR CONTRIBUTION CALLES OF DEA	P.M.	Y YEAR 19	CCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART I OR PART 2)
morked or	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, FA	RM ETC) 211. LOCATION STREET	CITY OR TOWN COUNTY STATE
21 is mo	220. certify that (1) (this hospit saw the deceased alive an abave, (4) (we) (did) (did no	tol) ottended the deceased from	7 , and that in (24) (our) op	oninion death occurred on the date and hour and from the causes stated
TZ. If Ben	276 SIGNATURE	Hartman	M. D. ATTENDII	
IMPORTANT	22d PHYSCIAN'S NAME (TYPE O	HARTMAN,	7.D. JENTIN	
23:	Burial, CREMATION, REMOVAL		AME OF CEMETERY OR CREMAT	ORY 134 COLATION Ho., COUNTY Md. STATE
7/84	James A. Mont	on + Sons 1701	Laurens	o. Date REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Julia Dividum. Randala

DHMH - 16 60M

(VRA 15, 4)

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er er er		10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPATION			BUSINESSOR
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hr sh		14. FA	THER'S NAME			15 MOTHER'S MAIDEN NA	ME			
1-12	8			WIDDLE LAST		FIRST	MIDDLE		LAST	
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1 78 4	1			E WAR OR DATES	MITNO	I/ INFORMANT	ADDRESS			
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1111				ly ane cause per line for (a), (b), an						ATE INTERVAL
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hysici ficate fronsi I Hygi	61		OR CONTRIBUTING CAUSE OF DEA		AY YEAR	ZIL HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY I	TEM IS PART I OR	PART 2)	
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portre po			saw the deceosed alive an above, (1) (we) (did) (did not	view the body after death.	, or	d that in (my) (aur) opinion	death occurred on the date	and have and f	from the ca	uses stated
RE hed			226. SIGNATURE			DEGREE		25	20. DATE SI	GNED
the too			11111	1	10	ATTENDING	MEDICAL STAFF	1	7-	76 87
RA de	-	,	22d. PHYSICIAN'S NAME (TYPE OF	/	1	PHYSICIAN	DIRECTOR PHYSICIAL	1	10	27-04
HOSPIT.	1		228. PHISICIAN S NAME (TYPE)	1		22e ADDRESS				
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Of of of of with		23n F	URIAL, CREMATION, REMOVAL	23b DATE 23c 1	NAME OF C	EMETERY OR CREMATORY	23d LOCATION			
20			SPEC IFY)				CITY OR TOWN	COUN	MIY	STATE
BP		24.5	BURIAL	18/1/87 EP	SVIE	W CEM.		MD.		
DHMH - 16 60M 7	/B4	24. FL	INERAL DIRECTOR	ADDRESS		25a. DAT	E REC'D. BY REGISTRAR 256	REGISTRAR'S	SIGNATUR	E
(VRA 15, 4)		I	EROY O. DYET	T 4600 LIBERT	Y HE	GHTS JU	L 29 1901 /	ulia Dani	doon- Ka	adalla

JUL 29 1987 ALL Franchister

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ON JUL 30	1	STATE REGISTRAR			OF HEALTH AND MENTAL I	REG. NO.	9 9 0	4
ו מייר של		CEASED NAME FIRST		MIDDLE	LAST	20 DATE OF DEATH		26 HOUR
900		Amo		Ι.	Meyers	July 27, 1		9:30A M
4	3. SE	X	4. RACE		ATE OF BIRTH	6 AGE (IN YEARS LAST BIRTH	MONTHS DATS	R IF UNDER 24 HRS
11	1	MALE	CAUCA		EB. 11, 1914	73	YRS	
635		IRTHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND	76. CITIZEN OF	NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACRITY, GIVE STREET ADDRESS) Maryland General Hospital		_	Baltimore City Baltimore City MC	
3 4X		ITY OR TOWN OF DEATH Baltimore	11. NAME OF			(TYPE OF WORK FOR MOST OF V	120 USUAL OCCUPATION 126 KIND OF BUSINESS OR (1YPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY ATTORNEY AT LAW	
filled in b	130	AL RESIDENCE (IF NURSING HOMESTATE 136 CC	OR OTHER INSTITUTION			? 13e.STREET ADDRESS / 2		
and 2 sho	_	ATHER'S NAME FIRST MAX	MIDDLE	LAST MEYERS	15 MOTHER'S MAIDEN	NAME		AST
Poges P			ARMED FORCES? GIVE WAR OR DATES) I – ARMY	166 SOCIAL SECURITY F	IO. 17 INFORMANT	ADDRESS MEYERS 201 N. J	S	21202
on the law requires that the death certificate on the been signed by the attending physic fall. Then please remove corban poppiere by a to burial, cremation or removal are any milary, or other traumatic event?	CERTIFICATION	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICAN 190 DATE OF OPERATION	DUE TO, C DUE TO, C DUE TO, C (b) DUE TO, C (c) IT CONDITIONS 196 COND	OR AS A CONSEQUENCE ONTRIBUTING TO DEATH Sever hyp OUTTON FOR WHICH OPER	DIF BUT NOT RELATED TO THE TO DISTRIBUTE TO THE TODO THE	ERMINAL DISEASE OR CONDI	206. IF YES, WERE FIND! IN CERTIFYING CAUSE: YES	INGS USED
10		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A	DFINJURY M. MONTH DAY Y M.		CURRED (ENTER NATURE OF INJURY	IN ITEM 18 PART I OR PART 2)	
s the flor s the flor ched of	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY IREET, FACTORY, OFFICE, FARM, ET	211 LOCATION STREET	CHYORTOW	N COUNTY	STATE
UNERAL DIRECTOR AND LIBERT OF THE STATE DEPT. OF HEIGH		220. I certify that X (this had sow the deceased alive above (i) (we) (did) (X 2 2 b. SIGNATURE	Thank	y after death.	_, and that in (¾) (aur) apin DEGREE ATTENDINI PHYSICIAN 22e ADDRESS	N DIRECTOR PHYSICIA	e and have and from the	that (in (we) last e causes state)
OT O	23a	BURIAL, CREMATION, REMOV	AL 236. DATE	S MS	OF CEMETERY OR CREMATO			
<u>, </u>	74. F	UNERAL DIRECTOR SOL	7/28/8	87 ARLIN	GTONX CENTERY			YLAND
HMH - 16 60M 7/84 (VRA 15, 4)		6010 REISTERS	TOWN RD 1	BALT IMORE, M	D 21215	DATE REC'D. BY REGISTRAR 25 UL 3 1 1987	Julia Dirichon	Rudall

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JUL 31 1887 fair Michael Butter

		1			STATE OF MARYLAND		0000
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0 2	039 AUG		RUTSTRAR	MEDICAL EX	AMINER'S CERTIFICATE	OF DEATH REG. NO.	
			CEASED NAME FIRST E OR PRINT)	MIDDLE	MEYERSON	OF ESTI-	MONTH DAY YEAR 26 HOU
1	A SERVE		SAMUE		Messay	DEATH MATED	7 26 19 87
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1	N. 1888	Di	le mile	4-7-1910	TYRS.	DEAD	/ 28 19 8/ A
	SE SE S	74/10	PLACE (STATE OR COUNTRY)	76 CITIZEN OF WHAT COUNTRY	8 MARRIED NEVER MAR		
	SAN SAN	14	uzera	U.J.A.	WIDOWED DIVOR		171
	S. H.O. H.O.		TY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET.	G HOME, OR OTHER INSTITUTION ADDRESS)	120 USUAL OCCUPATION (TYPE OF OF WORKING LIFE)	WORK 126 KIND OF BUSINESS OR INDUSTRY
	A22-88	Acres .	Baltimore	1501 W. Lomba		Laterer	Brastrutin Oc
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BALTIMORE	ON ON ON	16a. V	VAS DECEASED EVER IN U.S. AR	MED FORCES? MILESOCIAL!	SECURITY NO. 17. INFORMANT	ADDRESS	eterford Conx
ALT	S AFTER GIVE P ITH FOR PAGES IVISION				Somuel.	Horvila Box 3	03-06385
	WITH PA		18 CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSED	ly ane couse per line far (o), (b), one		0	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PRESTON SI THIN 24 HO IL IN ITEM I ER ALONG INSIT PERM IL HYGIENE,				TE CAUSE (a) Arterio	sclerotic cardiova	scular disease	
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N.	BHE LAS		couse (a) stating the <u>under-</u> lying cause last.	DUE TO, OR AS A CONSEQ	UENCE OF		
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7	18 T S G G G G G G G G G G G G G G G G G G	100	190. DATE OF OPERATION	196. CONDITION FOR WHIC	CH OPERATION WAS PERFORMED?		Head Only_
5	**************************************	- 1	210 EXTERNAL CAUSE WAS	AND THAT OF INJURY			YES X NO
ö	ENTER OF THE PROPERTY OF THE P		UNDERLYING OR	116. TIME OF INJURY HOUR A.M. MONTH DA	Y YEAR 216 HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18 PART	1 OR PART 2)
O.	\$25550	MEDICAL	CONTRIBUTING CAUSE OF D	DEATH P.M.	19		
DIVISION	E SE	MED	WHILE OF WHILE AT WORK	STREET FACTORY FARM FTC 1	HOME. 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
0	WAR WAR		AT WORK AT WORK		Head Only		
	SES OF SES	1	22a I certify that I took charg	ge of the remains described above, h	eld an Autapsy A. Inspecti	an , Inquiry , and in	my opinian
	EXAMINER CERTIFICATI JUD BE FOR WITH THE WARTLAND		death resulted from: Natur	rol causes X , Accident	, Suicide , Homicide .	Undetermined manner,	
	AN WHEN		Acres A	0	TITLE (SPECIFY)	: 6	7 00 07
	- WOTE	-	SIGNATURE -	NA.	M.D.Deputy Cr		DATE 7-28-87
	HE 4 E O C		EXAMINER'S NAME	M Division M D			
	MONTH NAME OF THE PARTY OF THE			M. Dixon, M.D.	ADDRESS 111 F	Penn St., Balto.,	MD 21201
	524544	230.B	URIAL CREMATION REMOVAL 2	236 DATE 23c NAMI	E OF CEMETERY OR CREMATORY	23d LOCATION CITY OR YOWN	COUNTY
07/84 25M	BP	15	vuege !	1-31-1987 Bee	E. Helser Gorg.	1 Dettemeno	Park.
2.5/41	DHMH - 17	IX	JAME TONGO	D. som Salt	7/4 2U23 3500ATE	REC'D. BY REGISTRAR 256 REGISTR	AR'S SIGNATURE
	(VR A15 ME (5))	1	- NAMA	HA ONE GOS	Hellers Jr	115 D 148/ /	Trade - De Brain

6116	9 JUL	29 1	OR STATE REGISTRAR	DEPARTM	STATE OF MARYLAND SENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	SIENE 8 7 REG. NO.	9 9 0 8			
4. 0	n .E	I DECEASED NAME FIRST		WIDDLE	<u> L</u> AST	The British of Barrers	DAY YEAR 26 HOUR			
, p	G G				Metz	July 20, 1987	м			
- ° '	m bd Liber of		X	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.			
9e	rs o		Male	White	June 11, 1911	75 YRS.				
5 5	2 2 1		RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OFDEATH			
deb deb	230		Maryland	USA	WIDOWED DIVORCED	Balitmore City	MD.			
ofter o	44 /6/		TY OR TOWN OF DEATH	11. NAME OF HÖSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET A 8011 Woodgate	ADDRESS)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	IZE KIND OF BUSINESS OR INDUSTRY Glass Company			
ours 4	9 9	FUSU/	Baltimore AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION GIVE RESIDENCE BEFORE		Clabel	Apt F			
24 hc	on the second	13a S	Maryland Maryland		N 136 INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE 8011 Woodgate	Court 21207			
within	nd 2 st	14 FA		MIDDLE LAST	15 MOTHER'S MAIDEN NA	WE	LAST			
uted w		14- 14	Thomas VAS DECEASED EVER IN U.S. AR	Albert Metz MED FORCES? 16b SOCIAL SECU	Dolly RITY NO. 17 INFORMANT	ADDRESS	Unknown			
e exe	s-Poges			214-07-6	0.00	tz 8011 Woodgate				
that	that decrete ficate by sic objects of the second of the se		Conditions, if any, which gove rise to immediate couse (o), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	uc anest recorded ten	1 Disore	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
low requires	Then property, injury,	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110							
	t permit	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED YING CAUSES OF DEATH?			
ING PHYSICIAN: The	iol-tronsi		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	Y YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 F	'ART (OR PART 2)			
ING PHYS	s the bur and Me	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	21f LOCATION STREET	CITY OR FOWN	COUNTY STATE			
ATTENDIN hospital or	hed for use a ept of Heolit Item 21 is ma		27a.1 certify that (1) (this hospital) attended the deceased from							
HOSPITAL O	ould be detact the State De PORTANT: If I		22d PHYSICIAN'S NAME (TYPE OF	DR PRINTS WILSON DY	ATTENDING PHYSICIAN (Staff DIRECTOR PHYSICIAN	121.87 121. Parto			

23c. NAME OF CEMETERY OR CREMATORY

Westview

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR Duda-Ruck Funeral Home of Dundalk 7922 Wise Ave. Dundalk, MD 21222

7-23-87

23a BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY)

Cremation

23d LOCATION

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

JUL 28 1987

Julia Derider Per

Baltimore Maryland

The Michael are without not JUL 28 1987 / 11 - 14-19 Aug

STAT	E OF	MAR	YLAND

13d. INSIDE CITY LIMITS?

NO X

15 MOTHER'S MAIDEN NAME

DEPARTM	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	B REG. NO.	9 9	0 9
IODIE	LAST	20. DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
J.	MEYERS, Sr.	7	22 87	5.16 A.K.
	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS.
lan	MONTH DAY YEAR	72 YRS.	MONTHS DAYS	HOURS MIN,
VHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH	
States	WIDOWED DIVORCED	Baltino	PRE C	City MD.
	G HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION		F BUSINESS OR
FACILITY GIVE STREET A	DOREAS)	TYPE OF WORK FOR MOST OF WORKING L		
Ba. 177 HM	General Hapital	(Retired) Carper	nter We	estinghouse

13e STREET ADDRESS / ZIP CODE

MIDDLE

1207 Meadownew Rd

2/122

funeral director, page 3 thin 72 hours after death 3 SEX 4. RACE 70. BIRTHPLACE 76. CITIZEN OF WHAT COUNTRY? (STATE OR FOREIGN Maryland United States NAME OF HOSPITAL, NURSIN 10 CITY OR TOWN OF DEATH USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130, STATE 136 COUNTY 136, CITY, OR TOWN Comme Anundal 14 FATHER'S NAME FIRST MIDDLE Frank 160 WAS DECEASED EVER IN U.S. AR (YES, NOOR UNKNOWN) 18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSED IMMEDIAT Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT C CERTIFICATION should be detached for use as the burial-transit permit. The with the State Dept. of Health and Mental Hygiene prior to 190 DATE OF OPERATION 18 shows 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA MPORTANT: If Hem 21 is marked or Hem MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED NOT WHILE 22a.1 certify that (1) (this hasoit sow the deceased alive on above, (I) (we) (did) (dig not 22b. SIGNATURE FUNERAL 22d. PHYSICIAN'S NAME (TYPE OF 230 BURIAL, CREMATION, REMOVAL Burial

24 FUNERAL DIRECTOR

McCully Funeral H

87 REGISTRAR DEGEASED NAME

(TYPE OR PRINT)

FIRST

aucasian

13c. CITY, OR TOWN

LAST

Pasadena

J.	Meyers	Emma	MIDULE		Hubbard				
MED FORCES?	166 SOCIAL SECURITY NO.	17 INFORMANT	ADD	RESS					
	216 03 6279	Jeanne H. Mo	eyers (S	Same as					
y one couse per DBY: E CAUSE (o)	Hy occordial	Infancti	~		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
DUE TO, OR	CARONIC CON	truction Culm	onary Dise	ase					
DUE TO, OR	R AS A CONSEQUENCE OF								
	NTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CO	DIDITION GIVEN	IN PART I to				
196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES \(\text{NO} \) YES \(\text{NO} \) YES \(\text{NO} \)									
21b. TIME OF HOUR A.A	M. MONTH DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF IN	JURY IN ITEM 18 PART	1 OR PART 2)				
21e PLACE C	DE INJURY EET, FACTORY, OFFICE, FARM, ETC.]	21f LOCATION STREET	CITY OR	TOWN	COUNTY STATE				
yew the body	e deceosed from May	nd that in (my) (our) opinion	deoth occurred on the	dote and hour a	that (I) (we) last and from the causes stated				
mul		DEGREE ATTENDING PHYSICIAN [TAFF SICIAN X	7/22/87				
PRINT) WE	NBEIZE /	300/ S	outt	Hanove	er st				
23b. DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN	c	OUNTY STATE				
July 2		11 Cemetery	Baltimo		Arundel MD				
lomes	3204 Mountai Pasadena, Mi	III Mu.	L 23 1987	11.0 0	R'S SIGNATURE				

DHMH - 16 60M 7/84 (VRA 15, 4)

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		FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH	SIENE 8 PG. NO.	9910
9 9 0	IUL :	DECEASED NAME EL FIRST	EL E M	1 idd Leton	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR 2 AM
ge 4 moy	3	. FEMALE	1. RACE BLACK	5. DATE OF BIRTH MONTH DAY STEAR STEAR	6. AGE (JIN YEARS LAST BIRTHDAY) 93 YRS	
deoth. Po	9	BIRTHPLACE (STATE OR FOREIGN	16 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUN	CITY MD.
urs offer.	4	BA GO.	130N Se COL	URS HOSPITAL	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING HOMEMAKE	R HOME
in 24 houry filled in should be	5	30 STATE 136 CC	E OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR			T AVE, SOUTH ZIZI
and with	10	UNKNOW		DOWN UNKNO	W N	UNKNOWN
be exect on and s. Pages		Se WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? 166 SOCIAL SECTION OF DATES			OLET AVE.S. ZIZIS
ith certificate ling physic propoper or removal.		PART I. DEATH WAS CAU	ranly ane cause per line for (a), (b), or USED BY. DIATE CAUSE (a) DUE TO, OR AS A CONSEQU	hre heart of	ouliere	APPROXIMATE INTERVAL BETWEEN ONSE! AND DEATH
thot the dec		Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last	DUE TO, OR AS A CONSEQU	HICEOFILES WELL	~	
requires sen sign t. Then or to bu			T CONDITIONS CONTRIBUTING TO	eemmet	ninal disease or condition (
he low on. has be the prime	2	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING		HOPERATION WAS PERFORMED	YES NOTE IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
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or ottending PHY. After this eas the bu		21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	FARM ETC) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
Spirol CTOR: I for us of He			~ // // / / /		deoth accurred on the date and h	
ITAL OR A by the hosy the hosy the control of the c		274 PHYSICIAN'S NAME OF	s, Telus		MEDICAL STAFF DIRECTOR PHYSICIAN	7 JATESIGNED
TO HOSPITAL (retained by the TO FUNERAL I should be deta with the State I		(8)	Tellen	77e ADDRESS		,
BP		36 BURIAL, CREMATION, REMOY (SPECIFY) BURIAL	L 7/17/1987 N	NAME OF CEMETERY OR CREMATORY OT. AUBURN CEN		MARYLAND
DHMH - 16 60M 7/8 (VRA 15, 4)	4	2501 GWYNNS		ALTO, MO, ZIZIG JL		STRAR'S SIGNATURE

death. Page

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

7	1	9	9	-
	REG. NO.			-

		- STATE REGISTRAR			CERTIF	FICATE OF DEATH	8 / REG. N	9	9 1	
JU	MYP	CEASED NAME EIRST	,	WIDDIE +	1 .1	LAST C	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
/		MARY		3.	mit			7 24	84	1-0
0	3 SE	×	4 RACE	2	5. DATE (H DAY, YEAR	6. AGE (IN YEARS LAST BE	RTHDAY) (F UI	HS DAYS	HOURS M
	1	emale	4	hite	8	4 14	72	YRS		
6		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY OF	DEATH	
1		Maryland	U	>	WIDOWI		K	BACTO	CITY	
21	10. C	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a. USUAL OCCUPAT		26. KIND (OF BUSINESS
1	22	BACTO.		KIS SCOT		Y ADSPITAL	Receptioni	st-Medic	al 0	ffice
71		AL RESIDENCE (1E NURSING HOME O	NTV	THE CITY OF TOW	94	1104 INSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIP CODE		
1			timore	DUndall	K.	YES OF NO		CSHER	D	2122
2	My.	ATHER'S NAME	meets.	4407		IS MOTHER'S MAIDEN NA	MODU!		in the	81.
1	/	Stephen		Yancura		Anna			Tan	ovick
1			RMED FORCEST HE WAR OR DAZES!	THE SOCIAL SECU	RITY NO.	17. INFORMANT	ADDA			000
1		No		2307	0414	Ann C. Quig	Tey 316 Reg	ar Drive	0.000	009
24	-	II. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS		er line for ia (, lb), and	dieli					DHIST AND DE
			TE CAUSE (n)_	CATO	AC	ASYSTOLE			20	min
THE STATE OF THE S	7		OUE TO, O	OR AS A CONSEQUE	NCE OF				,	1
		Conditions, if any, which gave rise to immediate	(ib)_	AKDS					10	un.
		coute (a), stoting the underlying couse lost.	DUE TO, C	OR AS A CONSEQUE					-	1
		sometying cover and	(c)_	restocie	a :	sigmoto ca	ON CANCE	K	1	ans_
	z	PART 2. OTHER SIGNIFICANT	CONDITIONS	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	AINAL DEEASE OF COM	DEION GIVEN	N PART T	(0)
-	FICATION	19s DATE OF GPERATION	Traccour	DESCRIPTION SOURCE	CORUBATIO	ON WAS PERFORMED	78n AUTOPSYT /	20s. IF YES, WI	EDE EINITH	ALC: USES
1	FIG	7/10/07	100000000000000000000000000000000000000	C + 12 -	SKNOU	0		IN CERTIFYING	G CAUSES	OF DEATH?
=	CERTI	The ACCRECATION OF THE PARTY OF			Awitt	THE HOW INJURY OCCUR	YES NOV	YES [4	NO [
1	AL C	OF CONTRIBUTING TO SHEEL OF BE	ATH HOUR A	W WORTH DY	AY YEAR	THE TOTAL STORY OCCUR	OPEN TENNIS ANTONSO ANT	AL INCOME IN COMMITTEE	Carrier 1	
/	à.	THE PHANEY OCCURRED		LOF INJURY	10	211 LOCATION				
	M	WHEEL TI MOTOR TO	(AT HOME TO	BREET, THE PERSON OFFICE, I	ARM, ETC.)	THE T	- con-calls	DAM	COUNTY	\$1431
		AT WORK AT MORE	3.0		7/1	707	· 7/24/	67 10		Maria de la composición
		27s I certify that (I) (this hosp saw the deceased alive or	7/14	11111	7/10	nd that in (my) (out) opinion		inter and hour on	of From the	that (II (we)
		sow the descared alive or obove [ili [ve] (did) (did n 77h SIGNATURE	of) view the bod	Patter death.		DEGREE	concerns and the a	ann esemee VEN	12r. DAJ	SIGNED
		10	0.0			ATTENDING	MEDICAL STA		7/2	4/87
1	1	774 PHYSICIAN'S NAME ITH	WW.			PHYSICIAN	DIRECTOR PHYSI	LIANAI	1/-	101
1	18	/	WW			100	mital con	v. wde	st.	PATED .
+	22			Inc.	14445 05	Jehnstlepkinst		w.w.c	21.	DEAD : 1
-		BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	7-28	1000		ed Heart of Je	23d LOCATION CITY OF TOWN	ore Mary	vland	STATE
		DULTAL	1-40	0/	racte	d Heart of De	ndn narem	OT C PACE.	Z	

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR

74 FUNERAL DIRECTOR Duda-Ruck FUneral Home of Dundalk 7922 Wise Ave. Dundalk, MD 21222

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

within 24 hours after death. Page 4

ly filled in by the funeral director, page 3 should be filed within 72 hours after death

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	FOR STATE		DEPARTA		EALTH AND MENTAL H	HYGIENE					
2	87 REGISTRAR				ICATE OF DEATH		3 / REG	. NO.	9 4	2	
	1. DECEASED NAME FIRST	A	AIDDLE	1	AST	2a.	DATE OF DEATH	MONTH	DAY YEAR	26 HOUR	R
	CECELI	A J	ONE	MIL	HOLLAND		1 1	1-1	1-5/	101	OA
1	3. SEX	4 RACE		5. DATE C		6. A	GE (IN YEARS LAS	T BIRTHDAY)	MONTHS DAYS	IF UNDER 2	24 HRS
1	Female	Wh:	ite	Nov.	22, 1906 YEAR		80	YRS.		HOURS	MIN.
1	To BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9. B.	ALTIMORE CIT				
	Balto. Md.						Balto.	City			MD.
Y	10 CITY OR TOWN OF DEATH				OR OTHER INSTITUTION	12a	USUAL OCCUP	ATION	126 KIND O	F BUSINES	
4	Balto.	St. Ag	nes Has				House Wi		LIFE INDUSTRY		
A	USUAL RESIDENCE (IF NURSING HOME OF 130. STATE 13b. COU	ROTHER INSTITUTION			AND BUCKE CITY III. ITEE	. I	CTOPET ADODE	20 (710 601	2110	111	
	Md. Arme Ar		Severn	N	138. INSIDE CITY LIMITS?		STREET ADDRES			14	
1	14. FATHER'S NAME	under	Develli		15. MOTHER'S MAIDEN I		ZOT WURL	repore	LO AG.		
	FIRST	MIDDLE	Jones		Marv		MIDDL	É	Kane		
+	160 WAS DECEASED EVER IN U.S. AF		16b. SOCIAL SECU	RITY NO.		St.	Man vAD	DRESS NT	Y. 10003		
		VE WAR OR DATES)			Sharon Mari		Mem 10	rk, N.	1. 1000,		
1	no		P. f. and the		Juaron Mari	THET			APPROXI	MATE INTERV	VAL
1	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	D BY:	line far (o), (b), one	a lett	A A .				BETWEEN	INSET AND D	DEATH
ı	IMMEDIA	TE CAUSE (a)	- Chi	Sring	sena						
4		DUE TO, OF	R AS A CONSEQUE	NCE OF							
1	Canditians, if any, which gave rise to immediate	(b)		-							
couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost.											
1		(c)									
1	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	NTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TE	1	R.	A A	IVEN IN PART 110		
4	190 DATE OF OBERATION 1910 ACCIDENT WAS UNDERLYING	mue a	newase	wer	N WAS PERFORMED A	1	Da AUTOPSY?	Jener	Man History	10011055	
	DATE OF OBERATION	140 CONDI	TION FOR WHICH		N WAS PERFORMED	h de	No AUTOPST!	IN CERT	ES, WERE FINDIN	OF DEATH	H?
6	8/2>/07	1019	Tach	-6	-right !		ES NO	-	res 🗌	NO 🗌	
	AR COLUMNIA COLUMN OF THE			Y YEAR	21c. HOW INJURY OCC	RRED	ENTER NATURE OF	NJURY IN ITEM 1B	PART 1 OR PART 2)		
	EIF EITHER NOTIFY MEDICAL EXAMINE	R) P. <i>t</i>		19						1	
ı	(IF EITHER NOTIFY MEDICAL EXAMINE	21e PLACE C	OF INJURY EET, FACTORY, OFFICE, FA	ARM ETC)	21f. LOCATION STREET		CITYO	RTOWN	COUNTY	51.	TATE
-	AT WORK NOT WHILE						-1-	1			
	220.1 certify that at (this hosp			(3.7	124) 87 , 19 8	7	10			that 🌽 (w	
1	saw the deceased alive ar above, (1) (did) (did a	wiew the bady		87,01	nd that in () (our) opini	ian death	accurred on the	e date and ho	our and fram the	causes stat	ted
1	22b. SIGNATURE	11 1	5 00		DEGREE				27c. DATE	SIGNED	
	gosen	10/h	well m	()	ATTENDING PHYSICIAN	N Z DIF	RECTOR PHY	SICIAN	17-1	7-8	57
	22d PHYSICAN S NAME THE	DR PRINT)			22e ADDRESS	-			4-11-1-1		
	JOSEPH H. M	ILLER MI)							100	
	230. BURIAL, CREMATION, REMOVAL	23b DATE	23c. N	IAME OF C	EMETERY OR CREMATOR	RY 2	13d. LOCATION		COUNTY		ATE
	Burial	July 20	. 1987 Ne	w Cat	hedral Cem.		Balto.	Ball L	COUNTY		Alt
1	24 FUNERAL DIRECTOR				25n C	DATE REC		AR 25b. REGIS	STRAR'S SIGNAT		
1	G. Truman Schwab	2212 Fre		re. Ba	Ito.Md.	UL 2	3 1987	Antin	Til V)	-
- 1								and the same of th	ALIGHBAN AND AND A	the second second	_

DHMH - 16 60M 7/84 (VRA 15, 4)

IMPORTANT: If them 21 is marked or them 18 shows any injury, ar ather traumo

TO FUNERAL DIRECTOR: After this certificate has been signed by the atter should be detached for use as the buriol-tronsit permit. Then please remove with the State Dept- of Health and Mental Hygiene prior to burial, cremation

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retoined by the hospital or ottending physicion.

BP

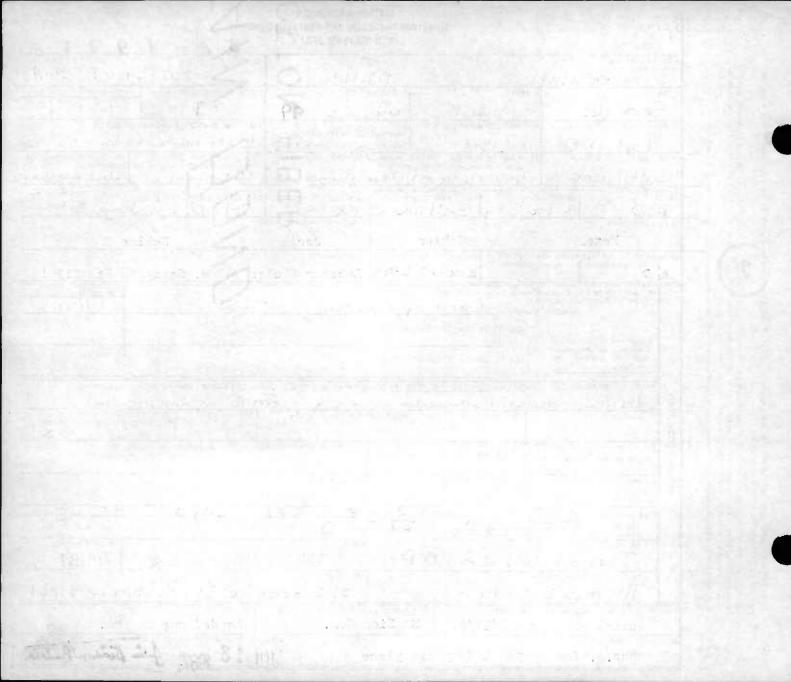
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				Person	
EPARTMEN	T OF	HEALTH	AND	MENTAL	HYGIE

0.5.9	522 J			FOR STATE REGISTRAR		PARTMENT OF F	E OF MARYLAND EALTH AND MENTAL HYC ICÁTE OF DEATH	8 KEG. NO		9	1_3_
1	may be page 3 er death	-		OR PRINT) Beylal	MIDDLE	~	AST		NONTH DAY		BOOR A
4	4 00		3. SEX	-emale	1. RACE Black	5. DATE C		6. AGE (IN YEARS LAST BIRTI	HDAY) IF UN	DER I YEAR IF	UNDER 24 HRS.
•	death. Page uneral direction 72 hours	26		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUL	MARRIE		Baltimore CITY OF		DEATH	MD.
102	by the fulled with		B	oaltimore	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIM UNIVERSITY	of Ma	of other institution	120. USUAL OCCUPATION OF WORK FOR MOST OF	WORKING LIFE)	RE KHID OF B NOUSTRY UNKN	
BALTIMORE, MARYLAND 21201	n 24 hou filled in hould be	The same of	13a. S	AL RESIDENCE (IF NURSING HOME OR TATE 136 COUNTY)	ITY 13c CITY OF		13d. INSIDE CITY LIMITS?		ZIP CODE		1202
MARYL	moletely			Peter	MIDDLE Eck		15. MOTHER'S MAIDEN NA FIRST Janie	MIDDLE	Eckles	LAST	
rimore,	(1)	/		VAS DECEASED EVER IN U.S. ARI (ES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	SECURITY NO.	Luberta Shul	ADDRES		St 2	1201
	phy company of the phy company o	County Ma		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE) IMMEDIAT	ly one couse per line for (o), D BY: C CAUSE (o) Card	b, ond icil	nonary A	rrest		BETWEEN ONS	
201 W. PRESTON ST.,	that the death is by the attending size remove cortal, cremation, or	other troumotic		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c)						
	equires n signed Then ple	injury, o	NOI	PART 2 OTHER SIGNIFICANT C Atheroscleroti							13 E
AL RECO	he low roon. hos bee	9	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR V	HICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WE IN CERTIFYING	RE FINDINGS CAUSES OF	S USED DEATH?
DIVISION OF VITAL RECORDS,	SICIAN: T ng physici certificate priol-tronsi entol Hygi			21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONT	H DAY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF HUJURY	IN HEM IB PART 1		
IVISION	attending ter this cast the burner of the	Lyan Or L	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, C	OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOW	N	COUNTY	STATE
	spitol or CTOR: Af for use of Healt	5 1 1 2 mg	Ų.	22a.) certify that (I) (this haspit sow the deceased alive on above, (I) (we) (did) (did not	ottended the deceased	19 X7, or	od that in (m) (our) opinion	death occurred on the dot			(we) lost uses stated
	y the hos y the hos tal DIREC detoched ote Dept.			226. SIGNATURE	SW'lem		DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF		7/9/8	
	TO HOSPITAL Cretoined by the TO FUNERAL D should be detoo with the State D	J. J.		Thomas S			31 SiGre	ene St. T	Baltim	ore Z	1201
	BP		(urial, cremation, removal Burial	7/13/87	231. NAME OF C Mt Zio		23d. LOCATION CITY OF TOWN Landsdown		Ϊď.	STATE
r Y	DHMH - 16 60M 7 (VRA 15, 4)	/B4	24 FL	Chas, A. Rice	FSPA 1300 Eu	ress taw Plac		E REC'D. BY REGISTRAR 2		CALLA	



	Item #23c G 629 7/22/87 cw STATE OF MARYLAND
	1 - STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE
059657 313	REGISTRAR CERTIFICATE OF DEATH 8 REG. NO. 199
e ω‡	1. DECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 26. HOUR STEEL L. MILL (S. P. S. D. 7 14 87 55 4
noy be poge 3	SEX 14 RACE S. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
oge 4 r	MAZE BLACK MONTH 2 OAY 17 YEAR Y8 38 YRS. MONTHS DAYS MOURS MIN.
reath. Poceath. Poceath. Poceath. Poceath.	76. BIRTHPLACE (STATE OR FOREIGN COUNTRY) 75. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED OF COUNTY OF DEATH WIDOWED DIVORCED 0 NO.
is ofte.	10. CITY OR TOWN OF DEATH BALT CITY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) UNIVED WORK FOR MOST OF WORKING LIFE) 126. KIND OF BUSINESS OR (TYPE WORK FOR MOST OF WORKING LIFE) INDUSTRY TO SABLED
AND 212 24 hours filled in oold be i	USUAL RESIDENCE (# NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE MD 131. CITY OR TOWN BAUT 132. STREET ADDRESS / ZIP CODE AVE 132. STREET ADDRESS / ZIP CODE 21216 134. INSIDE CITY LIMITS? 136. STREET ADDRESS / ZIP CODE 21216
MARYLA ed within mpletely ord 2 sh examiner	Lavon "HERMAN" MIDDLE ME Fadder IS MOTHER'S MAIDEN NAME LAVON FIRST (HERMAN) MIDDLE (REDDING)
BALTIMORE, MARYLAND 2120 The executed within 24 hours n and completely filled in b property of 2 shall be fill the medical examiner must be n	166 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (YES. NO OR UNKNOWN) (IF YES. GIVE WAR OR OATES) 2/2-48-4746 Hastene Miller 3216 Wastmont Are
es tho; the drafting med by the oreginal please or region, and, and another traument.	PART I. DEATH WAS CAUSE BY: IMMEDIATE CAUSE (b) CAUSE (b) CAUSE (DIAMEDIATE CAUSE (D
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requir attending physician. After this certificate has been sig os the buriol-transit permit. Then th and Mental Hygiene prior tab orked ar tem 18 shows any injury	To Date of Operation 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
N OF VITA SICIAN: The graphysicic centricate miol-transit ental Hygican litem 18 shall be a shall b	OR CONTRIBUTE OF SEATT HOUR A.M. MONTH DAY YEAR
IVISION AG PHYS attention ter this can the bund Me h and Me inked at the	OR CONTRIBOTION COUNTY (# EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19
TENDI tolor OR. A or use F Heol	270.1 certify that (1) this hospital attended the deceased from 218, 1987, to 7/14, 1987, that (1) we last sow the deceased alive on 7/14 1987, and that in (my) opinion death occurred on the date and hour and from the causes stated attended to the deceased alive of the date of the
ITAL OR ATT by the hospings the hospings and DIRECT eletoched for a catoched for a catoched for a catoched for a catoched for any or a catoched for a catoch	Pichney up DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN
TO HOSPITAL retained by 11 TO FUNERAL should be det with the State	22d PHYSICIAN'S NAME (IVPE OR PRINT) 2. S. PICHNEY, MD 2. 22 S Greene ST BALT. MD 21201
BP	Burial 7/20/87 Fastview Cenetery 236 LOCATION Anne Arundel Co Ma
DHMH - 16 60M 7/84 (VRA 15, 4)	Wm. C. March F/H West 4300 Wabash Avenue

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DHMH - 16 60M 7/84

(VRA 15, 4)

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STATE OF MARYLAND

DEPARTMENT	0F	HEA	LTH	AND	MENTAL	HYG
CEI	DTI	FIC	ATE	OF	DEATH	

JUL 21	17	FOR STATE REGISTRAR		MENT OF H	EALTH AND MENTAL HYGI ICATE OF DEATH	8 7 REG. N	0.19	9 1	5
XX		CEASED NAME FIRST DOWN	on MIDDLE Alle	11		6. AGE (IN YEARS LAST BIR	12 /8.	7 5	UNDER 24 HRS
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Ominet Prest	14 FA	THER'S NAME	OTHER INSUTUTION GIVE RESIDENCE BEFOR TYPBALTO 134. CITY OR TOV MIDDLE MIAST MIAST		YES NO X		st Par	k Ave	
medicol ex	16a: V	SCAT UNK, VAS DECEASED EVER IN U.S. AR VES, NO OR UNKNOWN) UNK		URITY NO.	Katherin 17 INFORMANT Gary A. Mi	ADDRE		ewood	
Sprent, In		PART I. DEATH WAS CAUSE	TE CAUSE (a) CAN U(A	te 1	Annust			APPROXIMAT BETWEEN ONS	MINITE INTERVAL MINITERVAL
Sanday and		Conditions, if ony, which gove rise to immediate cause (a), stoting the underlying cause lost.	DUE TO, OR AS A CONSEQU	MATON S	Annest			_4	MINS
injury, or o	NOI	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO			inal disease or con	DITION GIVEN II	N PART 110	
Shows any	CERTIFICATION	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WE IN CERTIFYING YES	G CAUSES OF	
or hem 18	MEDICAL C	OR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINE) 214 INJURY OCCURRED	HOUR A.M. MONTH	19	211. LOCATION STREET	CITY OR TO		COUNTY	STATE
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NT II hem 2		obove (1) (we) (did) (did no 22b. SIGNATURE A 22d. PHYSICIAN'S NAME INPECTATION OF THE PHYSICIAN OF) wew the Body drief death.		DEGREE ATTENDING	MEDICAL STA DIRECTOR PHYSIC	FF \	7/12	
IMPORTA	230 F		GSDON MO	NAME OF C	RATIMONG EMETERY OF CREMATORY	VAMC 123d LOCATION			
-	1	Cremation	07-15-87 S	ecuri	ty Process	Baltimo		UNIY	MD**
OM 7/84 , 4)	Cr	emation Soci	Frederick Rosety of MD, Ba	ad 21	ore, MD	UL 1 198		Dander	

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Crestlawn Cem

333 Less Brehms Lane

SCHIMUNEK FUNERAL HOME, Balto, Md. 21213

CITY OR TOWN

Ralto

DATE REC'D BY REGISTRAR 756. REGISTRAR'S SIGNATURE

with New down Mandager

TO HOSPITAL OR ATTENDING PHYSICIAN The motiving that the death conficult be executed within 24 hours offer retained by the hospital or afterthis centre. TO FUNERAL DIRECTOR: After this centre. To FUNERAL DIRECTOR: After this centre. The period by the period of the

DHMH - 16 60M 7/84

(VRA 15, 4)

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24 FUNERAL DIRECTOR

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FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	- 1	G	-
REG	NO		

		REGISTRAR				REG. NO	l.		All Control
		CEASED NAME FIRST OR PRINT) MICHELE	$_{ m L}$.		LLER	JULY 19,		Y YEAR	26 HOUR 6:06a
-	3. SEX	X	4. RACE	5 DATE C		6 AGE (IN YEARS LAST BIRT		UNDER 1 YEAR	IF UNDER 24 HRS
	F	emale	White	2-7	-68 DAY YEAR	19	YRS.	DNIHS DAYS	HOURS MIN.
5	7a. BII	RTHPLACE (STATE OR FOREIGN BAltimore City	76. CITIZEN OF WHAT COUN U.S.A.	MARRIE	D NEVER MARRIED 🛛	BALTIMORE CITY OF			MD.
LAI	10. CI	BALTIMORE	JOHNS FAHOPE			12g USUAL OCCUPATION (TYPE OF WORK FOR MOST OF		12b. KIND OI INDUSTRY	F BUSINESS OR
<	13a. S		VTY 13c. CITY OR		YES NO X	13e STREET ADDRESS / 911 Lomba		ircle	21061
1) -	ATHER'S NAME FIRST Joseph J. N	Miller (AS	ī	15 MOTHER'S MAIDEN NAM FIRST Jeanet	WIDDLE	sells	LAST	
2		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL 220-90	=1976	Joseph J. Mil	ler-911 Lom		Circl	
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIA	nly ane cause per line far (a), (b ED BY: TE CAUSE (D) CARDIO		RY ARREST				MATE INTERVAL ONSET AND DEATH
		Canditions, if ony, which gave rise to immediate cause (D), stating the	DUE TO, OR AS A CONS (b) SEP DUE TO, OR AS A CONS	SOUENCE OF					HOURS
2	CERTIFICATION	PART 2 OTHER SIGNIFICANT (TO DEATH BUT		INAL DISEASE OR COND	20b IF YES, V	WERE FINDIN	GS USED
1	MEDICAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINET 21d. INJURY OCCURRED WHILE NOT WHILE		19	211 LOCATION STREET		IN ITEM 18 PART	COUNTY	STATE
		270. I certify that (I) this hosp saw the deceased alive on above, (I) (we) Gid I did no 27b. SIGNATURE	19 3014 at) view the body after death.	19 <u>87</u> , ar	nd that in (my) ou opinion of DEGREE ATTENDING PHYSICIAN	MEDICAL STAFI	e and haur p	22c DATES	SIGNED LY 1987
		DAN WECHS	SLER		JOHNS HOPKINS	HOSPITAL 600	LTO N.WO	2120 LFE 51	
	(BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	7-22-87		emetery or crematory s of Faith Cem		more,M	county larylan	
		ohn C. Miller,	Inc6415 Bel			E REC'D. BY REGISTRAR 2 L 2 1 1087		AR'S SIGNATU	

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

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SALUE HS				
2 # 31 P				
PROPERTY N				
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FOR

9. BALTIMORE CITY OR COUNTY OF DEATH Baltimore City 120 USUAL OCCUPATION (TYPE OF WORK 176 KIND OF BUSINESS OR INDUSTRY 2718 Sethlow Road Miller 751 Druid Park Lake Drive BETWEEN ONSET AND DEATH HEADSYONTLY YES X 211 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE ond in my opinion SIGNED 7-4-87 111 PENN STREET, BALTO, MD 21201 MD 24 FUNERAL DIRECTOR **DHMH - 17** Wm. C. March F/H West 4300 Wabash Avenue (VR A15 ME (5))

STATE OF MARYLAND

YEAR

19

87



STATE OF MARYLAND

LAST

5. DATE OF BIRTH

July 5.

MONTH

WIDOWED

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

MILLER. SR.

MARRIED A NEVER MARRIED

YEAR

1908nb

DIVORCED

THER INSTITUTION	170 USUAL OCCUPATION	F WORKING LIFE) INDUSTI	OF ROZINEZZ OK
21239	Ret B		
I. INSIDE CITY LIMITS?	13e STREET ADDRESS /		21239
MOTHER'S MAIDEN NA		TWOOD AVE.	212)7
Pomble	WIDDLE		LAST
Bertha	ADDRE	Brar	la t
		~	114 =
Mrs. Cather	ine M. Mill		OXIMATE INTERVAL
1) 11	+ +	BETWE	EN ONSET AND DEATH
lder with m	relusias	5	
T RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART	lio
VAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FIN	
	YES TO NOT	IN CERTIFYING CAUS	NO T
L. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	TY IN ITEM 18 PART I OR PART	7)
I LOCATION			
STREET	CITY OR TO	WN COUNTY	STATE
. 19	, to	10	_, that (I) (we) last
hat in (my) (See) opinion			
GREE			TE SIGNED
ATTENDING	MEDICAL STAF		
PHYSICIAN D			6-87
e ADDRESS			
' 7403 Har	ford Rd.		
ETERY OR CREMATORY	23d LOCATION		
0	Baltimo	ore, Maryla	nd
25€ Dight		256. REGISTRAR'S SIGN	
e,Md.	nug 7,198	7	
o jaids	7		

REG. NO

MONTH

1987

9. BALTIMORE CITY OR COUNTY OF DEATH

Baltimore City

26 HOUR

IF UNDER 24 HRS

MD

IF UNDER TYEAR

20. DATE OF DEATH

July 5

AGE (IN YEARS LAST BIRTHDAY)

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058803

FOR

REGISTRAR

Male

TO BIRTHPLACE (STATE OF FOREIGN

Maryland

Baltimore

Maryland

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

Conditions, if any, which gove rise to immediate couse (a), stating the

underlying couse last.

190 DATE OF OPERATION

21d INJURY OCCURRED

23a. BURIAL, CREMATION, REMOVAL

AT WORK

21a. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER)

NOT WHILE

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

Abtil

14 FATHER'S NAME FIRST

No

10 CITY OR TOWN OF DEATH

FIRST

VERNON

4. RACE

USUAL RESIDENCE (1F NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
13a STATE 13b COUNTY 13c CITY OR TOWN

MIDDLE

HE YES, GIVE WAR OR DATES!

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO

21b. TIME OF INJURY

P.M

21e PLACE OF INJURY

IMMEDIATE CAUSE (a),

228.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on obove, (1) (wetteld) (did not new the body after death

White

U.S.A.

Th CITIZEN OF WHAT COUNTRY?

NAME OF HOSPITAL, NURSING HOME OR C

1539 Sherwood Ave.

Baltimore

166 SOCIAL SECURITY NO.

215-07-4029

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

196. CONDITION FOR WHICH OPERATION V

HOUR A.M. MONTH DAY YEAR

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC)

LAST

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

Miller

DECEASED NAME

- STATE

(TYPE OR PRINT)

3 SEX

retained by the hospital o	TO FUNERAL DIRECTOR:	should be detached for us	with the State Dept. of Hea	IMPORTANT: If Hem 21 is m	1
BP.	_	_	_	-	
HMH (V	- 1d			7/1	84

24 FUNERAL DIRECTOR

(SPECIFY) Burial

CERTIFICATION

MEDICAL

Leonard J Ruck, Inc.

R. Donald Jandorf, M.D.

72-8-87

23b. DATE

ADDRESS Baltimor

23¢ NAME OF CEM

Parkwood

19

M.

Top	TENT . THEY			that y
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	with months !!			Land Start
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Lorent F More, Inc.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

4	87	STATE REGISTRAR		DUARIN	CERTIF	ICATE OF DEATH	8	₽G. NO.	1	9 0	• }	~
		CEASED NAME FIRST		MIDDLE		AS1	20. DATE C	FDEATH MON		YEAR!	26 4 OUR	7
		ANDR	.EW		M	IILLS	JULY	31,198	7		8:30) A
	3. SEX	(4 RACE		5. DATE C			YEARS LAST BIRTHDAY		FUNDER 1 YEAR	IF UNDER 24	
	h	Male	Cauc.		12	25 1916	70		YRS MC	DNIHS DAYS	HOURS A	AIN,
		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8		9 BALTIMO	ORE CITY OR CO		OF DEATH		
100		Maryland	U.S.A		MARRIE	D NEVER MARRIED	BAI	LTIMORE	CI	TY		MD.
~		TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME C	DR OTHER INSTITUTION		OCCUPATION RK FOR MOST OF WOR	KING LIFE)		F BUSINESS	
ed.		BALTIMORE				S HOSPITAL	Ret	tired		Steam	ship !	Crade
1	13a. S	AL RESIDENCE (IF NURSING HOME OF TATE 136 COU		Baltimo	N	13d. INSIDE CITY LIMITS? YES 🔀 NO 🗌	13e STREET 219	ADDRESS / ZIP	CODE le S	treet	21231	
-	14. FA	THER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NAA	WE	MIDDLE		LAS		
	1	James	MIDDLE	Mynsk	i	Albina		MIDDLE		£A3		
		VAS DECEASED EVER IN U.S. A		166 SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRESS				
	()	NO OR UNKNOWN) IF YES, G	IVE WAR OR DATES)	213-07-5	444	Danny A. Mil	ls - 4	4508 Cla	rewa		213	
Н		18 CAUSE OF DEATH (Enter of	nly one cause per	line for (a), (b), and	dicor	1 (-			123	BETWEEN	MATE INTÉRVA	ATH
		PART I. DEATH WAS CAUS	ED BY: TE CAUSE (a)	RESOLLA	Bru	ARREST				10	mei	9
			DUE TO, O	R AS A CONSEQUE	NCE OF					1		,
ì		Canditions, if any, which	(b)	Palen	1110111	0				21	non	_
4		cause (a), stating the underlying cause last.	DUE TO, O	R AS A CONSEQUE	NCE OF							
		PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	FATH BUT	NOT RELATED TO THE TERMI	INAL DISEA	SE OR CONDITIO	N GIVE	N IN PART 11/2		=
	NO	THE CHIEROLOGIA ICAIN	CO.101110110 <u>CC</u>	514741867414674	2011	THE TELEVISION OF THE TELEVISION	WAL DISEA	SE ON CONDING	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
7	CERTIFICATION	19g. DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUT			WERE FINDIN		
4	TE						YES 🗆	NON	YES		NO [
2	CER	21a. ACCIDENT WAS UNDERLYING	110110 4		V VEAR	21c. HOW INJURY OCCURR	ED (ENTERN	ATURE OF INJURY IN	TEM 18 PAR	RT I OR PART 2)	- 57	
7		OR CONTRIBUTING CAUSE OF DI	AIB	M. MONTH DA	19							
	MEDICAL	214 INJURY OCCURRED	21e PLACE	OF INJURY		211. LOCATION		CITY OR TOWN		COUNTY	STAT	
	W	WHILE NOT WHILE AT WORK	(AT HOME, STI	REET, FACTORY, OFFICE, F	ARM, ETC)	STREET		CITORIOWIN		0001111	JIAI	
		22a. I certify that (1) (this hou	ital ottended th	e deceased from_	5	13.1 19.87	, to	7/3/	, 19	987	that ((we)	Post
		saw the deserved after a above, I'll (we) (find I did n	n7/3/	ofter death	27.0	nd that in (my) (aur) opinion a	death accurr	red on the date a	nd haur o	and fram the	causes state	d
		226. SIGNATURE	0			DEGREE				22c. DATE	SIGNED	
		Lisa	Sarles		1	D ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	×	1/3	1/87	7
T		220 PHYSICIAN'S NAME LITTE	OR PRINT)			22e. ADDRESS				. / /	1	
		LISA	E50187	n		JOHN 5	S Hop.	KIMS HE	150	1the	Jan 1	
		BURIAL, CREMATION, REMOVA	L 23b. DATE	23c. N	IAME OF C	EMETERY OR CREMATORY	23d. LOC	ATION				
	(SPECIFY) Burial	8-1-	87 0	ak La	wn	CII	TORTOWN	Ba	ltimor	e. Me	
	24 FL	UNERAL DIRECTOR		10000			E REC'D. BY	REGISTRAR 256				

DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL

BP.

Walter Dabrowski - 1005 Dundalk Avenue 21224

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STATE OF MARYLAND 061122 JUL 29-8 FATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 20. DATE OF DEATH I. DECEASED NAME FIRST MONTH 26 HOUR (TYPE OR PRINT) **JOSEPH** MILLS H . 2087 Lt. Col IF UNDER 24 HRS IF UNDER I YEAR 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) 3. SEX 4 RACE MONTH DAY YF AP MALE BLACK 10 1927 60 YRS To BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED A NEVER MARRIED BALTIMORE CITY CAROLINA WIDOWED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUTTHESTOR 10 CITY OR TOWN OF DEATH INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) BALTIMORE 2136 N. SMALLWOOD STREET GOVERNMENT EMPLOYEE U.S. POST USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 136.STREET ADDRESS / ZIP CODEBALTIMURE MD. 134. INSIDE CITY LIMITS? 13a STATE 136 COUNTY 13c. CITY OR TOWN 20 MARYLAND BALTIMORE YES X NO [2136 SMALLWOOD STREET 21216 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE LAST FIRST EDDIE MILLS EUNICE ADDRESSBALTIMORE, MD. 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (YES, NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) WWIT 2045 SMALL WOOD ST Yes APPROXIMATE INTERVAL BELWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE DUE TO OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the other DUE TO, OR AS A CONSEQUENCE OF underlying cause lost 20 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION prior 20b. IF YES, WERE FINDINGS USED IN DATE ON OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 00 IN CERTIFYING CAUSES OF DEATH? be NOD YES T ral-transit printer 216 TIME OF INJURY 21s. ACCEPTIVE WAS UNDERSORDS 21c HOW INJURY OCCURRED (EMTER NATURE OF INJURY IN ITEM TS PART I OR PART 2) 18 HOUR A.M. MO DAY YEAR AUSE OF DEATH OR CONTRIBUTING Mental MEDICAL INTERNET NOTES NOT THE SAME OF P.M 19 THE INJURY OF CURRED 21e PLACE OF INJURY 211 LOCATION 20 COVER TOWN COMMO STATE AT HOME, STREET, FACTOR OFFICE FARM, ETC I WHILE 22a.1 certify that (1) (this hospital) attended the deceased fram saw the deceased alive on_ and that in (my) (aur) opinion death occurred on the date and have and from the causes stated above, (1) (we) (did) (did nat) view the bady after death 224 DATE SIGNED 22b. SIGNATURE **QEGREE** ATTENDING & / MEDICAL STAFF = be deta FUNERAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22e ADDRESS 224 PHYSICIAN'S NAME (TYPE OR PRINT hould be 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION

GARRISON FOREST VET.CE

CITY OR TOWN

COUNTY

youra deordoon Kondall

BALTIMURE BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

BP

230 BURIAL, CREMATION, REMOVAL

BURIAL

24 NOTE TOWER AL HOMES. INC.

(SPECIFY)

23b. DATE

7/24/1987

2501 GWYNNS FALLS PKWY. BALTIMORE, MD. 21216

DHMH - 17 (VR A15 ME (5))

4611 Park Heights Ave Law Funeral HOme

n add completely filled in by the funeral director, page 3 Deges 1 and 2 should be filed within 72 hours offer death

AUG 11

STATE OF MARYLAND

DEPARTMENT	OF	HEALTH	AND	MENTAL	HYGIENE
CFI	RTI	FICATE	OF	DEATH	

1	FOR - STATE			DEPAR	MENT OF H	EALTH AND M	ENTAL HYGIE	ENE				
	REGISTRAR				CERTIF	ICATE OF DE	ATH	8 7 REG. N	10	0 0	1	7
	CEASED NAME	FIRST	N	AIDDLE	1	Adaman		20. DATE OF DEATH	MONIH	DAY YE	R ZI	HOUR
		owar	d -	- 2	Mil	ner	The same of	Line -	Tuly	27 19	87	100 AM
3. SE	X AA	4.	RACE	. 10	5. DATE C		YEAR	6. AGE (IN YEARS LAST BI	RTHDAT	MONTHS D		UNDER 24 HRS
	11/		N		Jan		1912	75	YRS.			
	IRTHPLACE (STATE OR FO	OREIGN 76	CITIZEN OF V	WHAT COUNTRY	? 8 MARRIEI WIDOWE	D NEVER MA	ARRIED	BALTIMORE CITY O	OR COUNT	Y OF DEAT	Н	MD.
10 C	Baltimor			OSPITAL, NURS HEACILITY, GIVE STREET S SCOTT	ING HOME C		Cut.	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST				USINESS OR
13a. S	AL RESIDENCE (IF NURSI	136 COUNT		13c CITY OR TO		13d. INSIDE CIT	Y LIMITS?	13e.STREET ADDRESS	/ ZIP COD		7E 1	21224
14. F/	ATHER'S NAME FIRST	MI	DDLE	LAST		15. MOTHER'S	MAIDEN NAM				LAST	
	WAS DECEASED EVER			166. SOCIAL SEC	URITY NO.	17. INFORMAN	T	ADDR	ESS			
1	YES, NO OR UNKNOWN)	JIF YES, GIVE V	VAR OR DATES)	547-1	0-861	LAU	RA KLE	EIN - FRA	NCIS			EINTERVAL ET AND DEATH
NOI	Conditions, if ony, gove rise to imm couse 101, statin underlying couse	nediate g the last.	(c)	CO PD	rdial UENCE OF	Tscher	O THE TERMIN	NAL DISEASE OR CON				
CERTIFICATION	19a DATE OF OPERAT	NOI	196 CONDI	TION FOR WHIC	H OPERATIO	n was perfor	MED	200 AUTOPSY?	IN CERT	ES, WERE FIT IFYING CAU 'ES 🏻	JSES OF	
	210. ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEATH	216. TIME OF HOUR A./	M. MONTH	DAY YEAR	21c HOW INJ	JRY OCCURRE	D (ENTER NATURE OF INJ		- Land		,
MEDICAL	21d INJURY OCCURR	HLE []	21e. PLACE O	OF INJURY EET, FACTORY, OFFICE	FARM, ETC)	21f LOCATION	J	CITY OR TO	NWC	COUNT	r	STATE
	270.1 certify that (I) sow the decease obove. (I) (we) (E) 2725. SIGNATURE 2726. PHYSICIAN'S MA	d olive on_ did)(did not)	view the body	719	37 . or	DEGREE	TENDING HYSICIAN	MEDICAL STADIRECTOR PHYSI	IFF	our and from		
	BURIAL, CREMATION,	REMOVAL	23b. DATE	236	NAME OF C	EMETERY OR CE	REMATORY	23d LOCATION CITY OR TOWN	0	COUNTY		STATE
24 F	REMOV UNERAL DIRECTOR NAME	'AL	7-29	-87			75a. DATE	REC'D. BY REGISTRAN		STRAR'S SIG		

DHMH - 16 60M 7/84 (VRA 15, 4)

ANATOMY

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician should be detached for use as the burial-transit permit. Then please remove carbon papers, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval. IMPORTANT: If them 21 is marked or Item 18 shaws any injury, ar other troumotic event, the

retained by the hospital or attending physician.

BP.

ws any injury, or other tra

IMPORTANT: If Item 21 is marked or Item 18 sha

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DHMH - 16 60M 7/84 (VRA 15, 4)

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FOR STATE

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ED A DY MEN	10.7	ME		181	ALL	BACKLY

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. P

REG. NO.

	ECEASED NAME	FIRST		MIDDLE		AST	20. DATE OF DEATH	MONTH DAY	YEAR	78 HOU!	_
JITY	PE OR PRINT)	ATIA	24144	_ ^^	INKA	1/10	14. DAIL OF BLAIN	799	27	1214	
3.5	FX	וונין	4 RACE	(V)	1 TO MEN	VC-	6. AGE (IN YEARS LAST BH	THOAY) IF UP	DER I YEAR	IF UNDER S	A M
	11		IAI	HTTE	PIRASI	A NEW YEAR	79 700	MONI		HOURS	MIN.
70	BIRTHPLACE (STATE ORF	OPEIGN	75 CITIZEN OF	HITE WHAT COUNTRY?	1 1/29	/ x1 / 80/8	9. BALTIMORE CITY O	YRS.	DEATH		
	MARYLAND	OKEIOIV		S.A.		NEVER MARRIED			DEATH		
10.0	CITY OR TOWN OF DEA	TH			G HOME C	DIX) DIVORCED [BALTIMOI		2b. KIND O	F BUSINES	MD.
8	301 To		(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	-0	DRIVER		NDUSTRY		
USU	JAL RESIDENCE (IF NURS	ING HOME OR		GIVE RESIDENCE BEFORE		450			TRUC	2121	1.5
13a.	M P	13b COUN	XXXXXX	BALTIMO		YES X NO	13. STREET ADDRESS	ANCHE R	0	DVXX Y	VV2
14. F	ATHER'S NAME	1.91			ICL	15 MOTHER'S MAIDEN N.		All CHE K	1	ON WE	14
	SIMON		MIDDLE	MINK	OVE	DEN.	A MIDDLE		FLAX		
160	WAS DECEASED EVER			H SPCIALS CU	9/43	17 INFORMANT	ADDR	ESS	1 Litte		
L	YES NO OR UNKNOWN)	WWI	I - ARMY	NOZ-XXLX	XXXX	ANN KUZNISO	FF 3211 NERA	K RD. (21208	,	
	18 CAUSE OF DEATH	H (Enter on	ly one couse per	A A			A -		BETWEEN	MATE INTERV	AL DEATH
	PARTI. DEATH W		E CAUSE (o)	CARDIO	7VL	MONARY	TRRES T				
			DUE TO, O	R AS A CONSEQUE	NCE OF						
	Conditions, if ony,	which	(b)_	MYOC	ARD	197 INFI	386212N				
	couse (o), statin	g the	DUE TO, O	R AS A CONSEQUE	NCE OF			- 20.00			
			(c)_								
z	PART 2 OTHER SIGN	VIFICANT (ONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN I	N PART 110		
CERTIFICATION	190 DATE OF OPERAL	TION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WE			
E	No. of Party						YES TI NO	IN CERTIFYING	CAUSES	OF DEATH	
E F	21a. ACCIDENT WAS UNE	DERLYING [u ME.B	21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJE	RY IN ITEM IS PART I	OR PART 2)		
	OR CONTRIBUTING (1111	m. month da m.	Y YEAR	2000					
MEDICAL	21d. INJURY OCCURE	RED	21e PLACE	OF INJURY REET, FACTORY, OFFICE FA	DIA FEG. I	21f LOCATION	CITY OR TO	OWN	COUNTY	SI	ATE
2	AT WORK NOT WH	RK R	(Al HOME, SI	REEL PACIONS, OFFICE PA	nkm, erc j						
	22a.1 certify that (1)				7	12/ 198	t 10 t/	192	7 1	hot (1) (w	e) lost
	sow the decease above, (1) (we) (c	did vidid no	t) view the body	ofter death.	7 1 , or	nd that in (my) (our) opinion	death occurred on the d	ote and hour and	d from the o	couses stat	ted
	22b. SIGNATURE		11	11 -		DEGREE ATTENDING	MEDICAL STA	cc	22c. DATE	SIGNED	/ .
	offman	65	I nou	Mas		PHYSICIAN	MEDICAL STA	IAN	71	24	87
	22d PHYSICIAN'S NA	AME (TYPE C	R PRINT)			22e ADDRESS	10.3.		~ A		
-	HAMINA	01		tmk HAI	V/	DIAMI	1703/17	AL OF	BY	160	2
230.	BURIAL, CREMATION,	REMOVAL	23b. DATE	23c. N	HEBR	EMETERY OF CREMATORY EW YOUNG MEN	CEM - BALTI	MORE CO	UNTY MAI	RYLAN	îK.
74	BURIAL FUNERAL DIRECTOR	(01)	1//22/8	7		25a. D4					ID
80	. NAME .	6010	REISTE	RSTOWN BAI). [TIMO		UL 24 1987		corder		AAA,
	-	1210	4 DIVOS	, INC. DAI	r I TMO	KE, MID					

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STATE OF MARYLAND

DEPARTMENT	OF HEALTH	AND MENTAL	HYGIENE
CE	RTIFICATE	OF DEATH	

CAUSE OF DEATH (Enter of PART I. DE ATH WAS CAUSE	A RACE BLACK The CITIZEN OF WHA U.S.A. 11. NAME OF HOSP (IF NOT IN SUCH FACE MATY ROTHER INSTITUTION, GIVE R NITY MODDLE NOODLIN RED FORCES? VE WAR ORDATES) N/A nly one couse per line	NT COUNTRY? BUTTAL, NURSING ILLITY, GIVE STREET ADI I AND GET RESIDENCE BEFORE AD CITY OR TOWN BALTO LAST SOCIAL SECURITED IN THE SECURITED	MARIED MARRIED WIDOWEI HOME O DRESS PETAL DMISSION TY NO. 4211	CH 8, 1923 DI NEVER MARRIED DI DIVORCED ROTHER INSTITUTION HOSPITAL 13d INSIDE CITY LIMITS? YES NO 1 15. MOTHER'S MAIDEN N FIRST BLAN 17. INFORMANT	Baltims 12a USUAL OCCUPA (1196 OF WORK FOR MOSE BALTO 13a STREET ADDRES 926 ARGY AME MIDDLE MIDDLE ADD	MONTH TO THE PRESS	IZE 21	OF BUSINES TIRE
FEMALE HPLACE (STATE OR FOREIGN NOTELY, MD. OR TOWN OF DEATH timore RESIDENCE (IF NURSING HOME OF TE MD 13b COUI MD 13b COUI MD 6FR'S NAME FIRST WILLIAM W DECEASED EVER IN U.S. AF NO OR UNKNOWN) (IF YES OF NO PART I. DEATH WAS CAUSE	BLACK 7b CITIZEN OF WHA U.S.A. 11. NAME OF HOSP (IF NOT INSUCH FACE) MATY ROTHER INSTITUTION GIVE R NITY MIDDLE NOODLIN RAED FORCES? VE WAR OR DATES) N/A nly one couse per line feb BY:	PITAL, NURSING ILLUY, GIVE STREET ADDI LAND LAND LAST SOCIAL SECURIT 2.17-12- Tor (0), (b), and i	MARIED MARRIED WIDOWEI HOME O DRESS PETAL DMISSION TY NO. 4211	FBIRTH CH 8, 1923 DI NEVER MARRIED DI NORCED ROTHER INSTITUTION HOSPITAL 13d INSIDE CITY LIMITS? YES NO DI 15. MOTHER'S MAIDEN N FIRST BLAN 17. INFORMANT	6. AGE (INYEARS LAST 64 9. BALTIMORE CITY BALTIM 12a USUAL OCCUPA (TYPE OF WORK FOR MOS BALTO 13a STREET ADDRES 926 ARGY AME ADDRES ICH SEWEI	YRS OR COUNTY OR CITY ATION OF OF CITY S / ZIP CODE VI.E. AV	OF DEATH U 126 KIND (STRY RE) (CE 21	OF BUSINES TIRE
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CAUSE OF DEATH LENter of PART I. DE ATH WAS CAUSE	U.S.A. 11. NAME OF HOSP (IF NOT IN SUCH FACE MATY) ROTHER INSTITUTION GIVE R NTY MIDDLE MODDLIN RMED FORCES? VEW WAR OR DATES) N/A nly one couse per line feb BY:	PITAL, NURSING HUTY, GIVE STREET ADI AND GET RESIDENCE BEFORE AD CITY OR TOWN BALTO LAST SOCIAL SECURIT 2.17-12- Tor (0), (b), and i	WIDOWEI HOME O DRESS) PETA 1 DMISSION TY NO. 4212	DE DIVORCED ROTHER INSTITUTION HOSPITAL 13d INSIDE CITY LIMITS? YES NO 15 NOTHER'S MAIDEN N FIRST BLAN 17 INFORMANT	Baltima 126 USUAL OCCUPA (TYPE OF WORK FOR MOS (TYPE OF WORK FOR	Ore Cit	IZE 21	TIRE
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DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

24 FUNERAL DIRECTOR
LEROY O. DYETT 4600 LIBERTY HEIGHTS 250. DATE RECO. 2 REGISTAR 256. REGISTRAR'S SIGNATURE

JUL 22 1987 A: Lander

STATE OF MARYLAND 062422 AUG 12-87 DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) ESTI-MITCHELL DENNIS D. DEATH MATED 7-24-879 4 RACE S. DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE 9-11-1958 YEAR Male White 7-24-879 7b. CITIZEN OF WHAT COUNTRY? 70 BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! U.S.A. WIDOWED [DIVORCED Baltimore City

120 USUAL OCCUPATION (TYPE OF WORK | TZb KIND OF BUSINESS W. Va. 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY FOR MOST OF WORKING LIFET University Hospital STU Baltimore Labor. Const. 13d. INSIDE (ITY LIMITS? 13e. STREET, ADBRESS View Ave. 21914 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Livis Lee Cora Mitchell Cora M. Blake 417 Batys View Ave. III WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. (YENTO OR UNKNOWN) 220-74-7191 Charlestown. Md. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY Multiple blunt trauma IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 of 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? E. WRITING THE WORD RWARDED TO THE CH R. PAGE 3 SHOULD BE U A TE DEPARTMENT OF YES X NO [] 71a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY

1:30AM

7-28-87

EXECUTE THE CERTIFICATE.
PAGE 4 SHOULD BE FORW
TO FUNERAL DIRECTOR; PAFES DEATH WITH THE STA

UNDERLYING AOR

21d INJURY OCCURRED

WHILE AT WORK

WHILE

SIGNATURE

EXAMINER'S NAME TYPE OR PRINT)

Burial

230. BURIAL, CREMATION, REMOVAL 236 DATE

CONTRIBUTING CAUSE OF DEATH

DHMH - 17

(VR A15 ME (5))

Port Deposit, Maryland in front of a bar Main Street 228. I certify that I took charge of the remains described above, held an and in my apinion Homicide X death resulted frame Natural causes Acadent

> Assistant 111 Penn Mario F. Golle, Jr., M.D.

Winchester Bar

Street

23c. NAME OF CEMETERY OR CREMATORY North East Meth.

23d LOCATION North East Cecil

subject beaten during an altercation

Md.

7-24-87

2d HOUR

3AM M

Funeral Home North East, No Date REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIREGES U.C.D. Julia Deviden Randales

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 Solution of VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 Solution of Principles
TO I W. PRESTON ST. BALTIMORE, MARYLAND 21201 That the beath certificate be executed within 24 hours offer deoth. Page 4 by the attending any sign and completely filled in by the funeral director
that the beath celtificate be executed within 24 hours ofter deoth. Per by the attending always and completely filled in by the funeral different control papers. Pages and 2 should be filed within 72 hours.
101 W PRESTON ST. BALTIMORE, MARYLAND 21201 That the beath certificate be executed within 24 hours ofter deol to be the attending only soon and completely filled in by the funer the second completely filled in by the funer
that the beath certificate be executed within 24 hours offer by the attending edyncian and completely filled in by the figure times combangues. Pages and 2 should be filed with
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201 W, PRESTON ST, BALTIMORE, MARYLAND 21 that the usual celtificate be executed within 24 ho the attending plays can and completely filled is the attending players. Pages and 2 should be
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STATE OF MARTLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIEN	E
CERTIFICATE OF DEATH	

'	- STATE REGISTRAR			CERTIF	FICATE OF DEATH	REG. NO	19	92	7
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10	CITY OR TOWN OF DEATH			•	OR OTHER INSTITUTION	12a USUAL OCCUPATION	ON	12b. KIND O	OF BUSINESS OR
	Baltimore	Unio	n Memorial	Hosp	ital	Disable		INDUSTRY	
13a	UAL RESIDENCE (IF NURSING . STATE	HOME OR OTHER INSTITUTE	13c. CITY OR TOW		113d. INSIDE CITY LIMITS?	13e.STREET ADDRESS /	ZIP CODE		
	Md		Baltim		YES 🕅 NO 🗌	4319 Yo		d_2121	2
14.	FATHER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME			
,	James	S.	Pinkney	,	Madeline	WIDDLE		Cra	
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	(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	214-30-4	270	Erma Pinkney	3502 D	ennlyn	Road	
F	18 CAUSE OF DEATH	Enter only one couse t	er line for (a). (b), an	d (c)					MATE INTERVAL
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CERTIFICATION	19a DATE OF OPERATIO	NA 196 CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	7 YES NO		WERE FINDING CAUSES	
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	22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS							V	
	L.	I. Kitchi				on Memorial	Hospi	tal	
23a	BURIAL, CREMATION, RE			NAME OF C	EMETERY OR CREMATORY	236 LOCATION		COUNTY	STATE
	Burial	7/8/	87 M	t Aub	urn Cemetery	Baltir		COUNTY	Md

BP. DHMH - 16 60M 7/84 (VRA 15, 4)

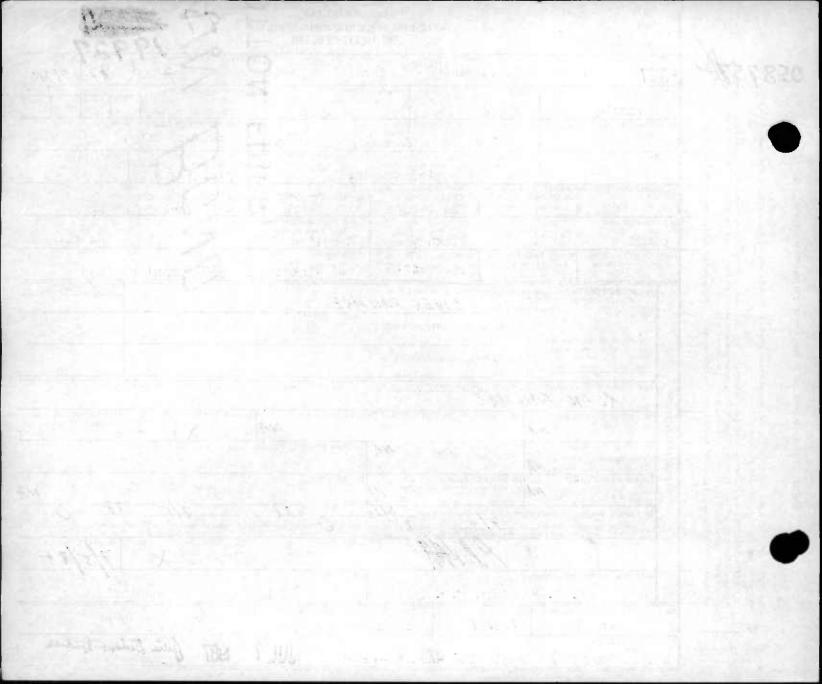
Wm. C. March F/H West 4300 Wabash Avenue

Mt Auburn Cemetery Baltimore

Sash Avenue

1236 LOCATION
CITY OF TOWN
Baltimore
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Bash Avenue
1250 Date Rec'd. By Registrar By Registrar's Sign

Md



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page 3			CEASED NAME OR PRINT) OLIN			MONALD,	20 DATE OF DEATH MO	15/87	5:00 PM	
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D 0	IMPO	230	BRIAL, CREMATION, REMOVAL			OF CEMETERY OR CREMATO	RY 23d LOCATION BY OR TOWN	COUNTY	MO	
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		4	IV- VIJULANI		1000					

DHMH - 16 60M 7/B4

(VRA 15, 4)

TRUNCH STATE TRUE FINE and with the TO PROMITE A SECURITION OF THE PARTY OF THE The factor of the same

OR ATTENDING PHYSICIAN:

estained by the hospital or TO HOSPITAL

BP

executed within 24 hours after death. Page 4 may be

STATE OF MARYLAND	STATI	OF	MARYL	AND
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HYGIENE

PEPART	MENT	OF	HEA	LTH	AND	MENT	AI.
	CE	RTI	FIC	ATE	OF	DEATI	1

4.6		STATE REGISTRAR			A 500	CERTIF	ICATE OF DEATH		8 7	REG. NO.	1 5	9 9	3	- 1	
5		EASED NAME	FIRST	4	MIDDLE	4.4	AST	20	DATE OF D	EATH M	ONTH	DAY YE	AR 2	26 HOU	IR
			DUROT	HY (1	MML)	M. Mi	DIMINE			7	2	7 8	7	1328	SPM
	3. SEX	(4 RACE		5. DATE (AGE IN YEAR	S LAST BIRTH	DAY)	MONTHS D		# UNDER	24 HRS MIN.
		FEMA	1	BLAG	ek .	12	25 0		7	8	YRS.	MOINTING D	.,,	HOOKS	min.
1		RTHPLACE (STA	TE OR FOREIGN	76. CITIZEN OF	WHAT COUNT	RY? 8	D NEVER MARRIE	9.1	BALTIMORE	CITY OR	COUNT	Y OF DEAT	Н		
1	N		Coan	US	Δ	WIDOW		-	BAN	MIT	ong	_ 0	M		MD.
2		TY OR TOWN O			HOSPITAL, NUI		OR OTHER INSTITUTIO		USUALOC					BUSINE	SSOR
1		BATIM		VN	اره ما	Md.	Hosp.		PE OF WORK FO	Scui	~ [~	HINDUS		ne	
	13a. S		13b COUN	OTHER INSTITUTION.	TIG. CITY OR T		136. INSIDE CITY LIM YES NO		STREET ADI			- 6	Ē+.	212	-17
elle,	14. FA	THER'S NAME		MIDDLE	Mon	roe	15. MOTHER'S MAIDE	ENNAME		AIDDLE ,			LAST		
	6	MANABU	r-	4	FUETC	HER.		nna			W. 11	ams			
		VAS DECEASED I		MED FORCES?	166. SOCIAL S	ECURITY NO.	17. INFORMANT	1.4		ADDRES	S	01.	212	17	
		No	1,000	t man on parts;	212-36	5-8295	Thomas	Mon	roe	101	N	Calh	OU	ns	ST.
		18 CAUSE OF E	DEATH (Enter or	ly one cause per	line far (a), (b	, and (c).1						BETW	ROXIMA EEN ON	ATE INTER	V AL DE ATH
		PART I. DEA	TH WAS CAUSE	D BY: 'E CAUSE (o)	CARD	NOPJUN	LONARY	Anni	72						
		100			R AS A CONSE	OUENCE OF									
		Conditions, if		(b)											
		gave rise to		DUETO	R AS A CONSE	OUENCE OF		10	1				151		
		underlying	ause last.	(c)_				27							
		PART 2. OTHER	SIGNIFICANT	ONDITIONS CO	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE	ETERMINA	L DISEASE C	RCONDI	TION GIV	EN IN PAR	Tlra		
	CERTIFICATION														
2	S	190 DATE OF OF	PERATION	196 CONDI	TION FOR WH	IICH OPERATIO	N WAS PERFORMED		200 AUTOPS			S, WERE FIN			
L	E								YES N	10		S 🗆		NO [
2		21a ACCIDENT W		216. TIME O		DAY YEAR	21¢ HOW INJURY O	CCURRED	(ENTER NATUR	E OF INJURY	IN ITEM 18 F	PART I OR PART	2)		
7	S		CAUSE OF DEA	arr.		19									
	MEDICAL	21d INJURY OC	CURRED	21e PLACE	OF INJURY	100 Eagus 570)	211 LOCATION			ITY OR TOW	N	COUNTY		51	TATE
	2	AT WORK	OT WHILE	TATTIONE, STR	CET, FACTORT, OFF	TCE, PARM, LTC)									
		220.1 certify the	at (I) (this haspi	tal) attended the		7- i	23 19_	87	ta 7-	27		19 0 7	the	at (h (v	ve) last
			ceosed alive an	7 - Z		9 6 1 ,01	nd that in (my) (our) of	pinion dea	h occurred o	n the dot	e ond hau	r and from	the co	uses sta	ted
		226. SIGNATUR		11		\	DEGREE					22c D	ATE SH	GNED	
		Nº7	More	llon	, Me)	ATTEND PHYSIC	ING A	RECTOR	STAFF	AND	-			
		22d. PHYSICIAN			1		22e ADDRESS					-	15.		
		D.1	= MOL	140N,	14		22.5	100	14 G1	WER	VIE	STI			
	230 B	URIAL, CREMAT	ION, REMOVAL	23b. DATE		31. NAME OF	EMETERY OR CREMAT	TORY	23d LOCATK					- 1	
	IX	SPECIFY)		1-30	1-87	Arl	nuture		- CATY OR	LI		COUNTY	1	MA:	TATE

DHMH - 16 60M 7/84 (VRA 15, 4)

IMPORTANT, If them 21 is marked or the TO FUNERAL DIRECTOR. After this or chauld be detached for use as the bur with the Store Dept. of Health and Me.

24 EUNERAL DIRECTOR

Morton Dons 1701 Laurens 250 DATE REC'D. BY REGISTRAR'S B. REGISTRAR'S SIGNATURE
JUL 3 1 1987
Julia Dioden Production

221112 112		OH II		Grand		JUL 30 87
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			4.0			
	- 19-06				VIC 103	
The Property of the Control of the C					11/4	
2356 A W					araba Legal	7
Carrolly Profession	il and		200			
						and the second
17.200.000						

DH.

Film G629 Item 17 7-31-87

by the	led wi	2	P	altimor	e	Sima	LY, GIVE STREET ADDRESS)	Baltim		Merchant	WORKING LIFE)	INDUSTRY	03114E33 OK
filled in	ould be f	general Business	13a. S	MD	B C	HER INSTITUTION, GIVE RI	ESIDENCE BEFORE ADMISSION LITY OR TOWN UN' MOYE	13d INSIDE CITY I		STREET ADDRESS /	Seamarl ZIP CODE DOOK 1	Apt. 3	1216
ampletely	and 2 s	1	14 FA	Alexander	MIC	DOLE	Môor		nie	MIDDLE		ulkner	
on and co	Page 1	1		AS DECEASED EVER	IN U.S. ARME		30-16-3140	Rosali	fessie B ta Moon	lanchard MOS 2725 Wa		Ave ap	t. 316
Ophysics	emoral.			18 CAUSE OF DEATH PART I. DEATH W	AS CAUSED I	one cause per line for SY:	diac/Re	spiratory	Arn	est		SETWEEN ONS	E INTERVAL ET AND DEATH
3	cremation or			Canditions, if any, gove rise to imm cause (a), statin underlying cause	nediate g the	(b) Se	CONTROLLENIES	`	· oli ana	A.			
d pades as	Then pleas in to buriel, a		NOI	PART 2 OTHER SIGN		NDITIONS CONTRI	BUTING TO DEATH B	ins Lyn ot related to occlum			DITION GIVEN	IN PART I to	
ion. hos be	if permit	9	CERTIFICATION	19a. DATE OF OPERAT	87	196 CONDITION	nergent	ON WAS PERFORME		YES NO	IN CERTIFYIN		
ng physic certificate	ental Hyg	orked or Item 18 sh	MEDICAL CE	216. ACCIDENT WAS UNCO OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTR	AUSE OF DEATH	216. TIME OF PHOUR A.M. P.M.	15	R	Y OCCURRED	(ENTER NATURE OF INJUR	Y IN ITEM IS PART	T OR PART 21	
ofter this	th and M		MED	21d. INJURY OCCURE WHILE NOT WH AT WORK AT WO	RK 🗆		CTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET		CHY OR TO	VN	COUNTY	STATE
Spital or	d for use					1 the body ofter	eased fram 347 4 19 8 7 .	and that in (my) (au	opinion dea	th accurred on the do	te and haur a		ses stated
y the ho	detacher tate Dep			Jani	3 10	ufaver	' Mi		NDING SICIAN	MEDICAL STAF	FIANT	7/24	87
stoined b	with the S		1	Faith	Sal	Paraz	imD			Baltimore	Belve	dere at (<u>cheenspring</u>
BP			-	URIAL, CREMATION, SPECIFY) Burial	REMOVAL	7/29/87	Mt. Au	CEMETERY OR CREA		23d LOCATION CITY OF TOWN		id.	STATE
MH - 16 (VRA	5 60M 7 15, 4)	/84		i. C. March F	/H 4300WA	bash Ave	ADDRESS		250 DATE R	8 1987	ha Dis	R'S SIGNATUR	Jacob .

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

MD.

FOR - STATE REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

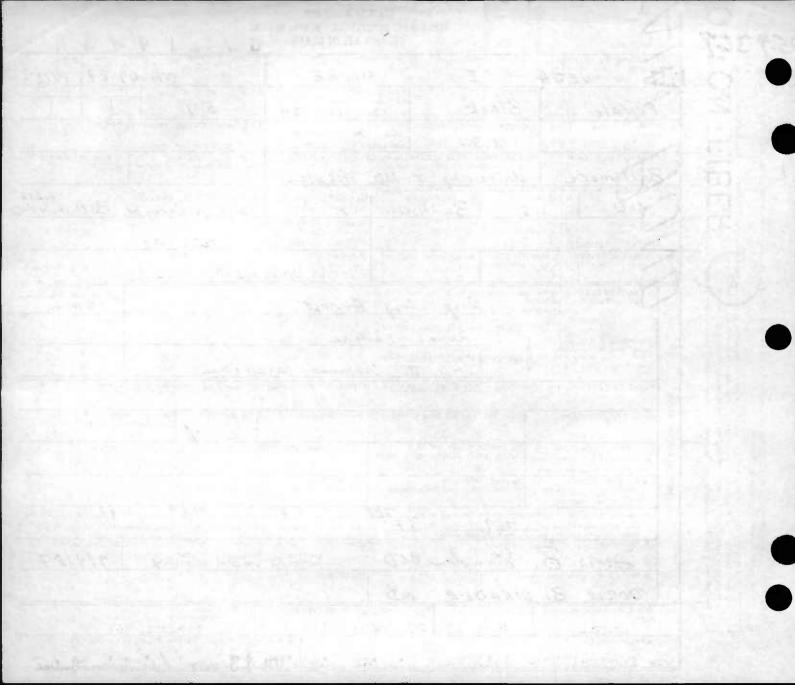
		CEASED NAME	FIRST	Aug To	WIDDLE		LAST		2a. DATE OF	DEATH MON	TH DAY	YEAR	2b HOUR	A
3	(TIPE	OR PRINT)	JENN]	FER	BETH	MO	ORE		JULY	24TH	, 19	87	2:15	
1	3. SEX	(4 RACE		5. DATE C			6. AGE (IN YE	ARS LAST BIRTHDA	Y) IF U	NDER 1 YEAR	IF UNDER 24 HRS	_
	1	FEMALE		N	HITE	12	29	71	15		YRS	THS DAYS	HOURS MIN.	
1	7a. BIF	RTHPLACE (STATE	OR FOREIGN	76. CITIZEN	OF WHAT COUNTRY?	8		Br	9. BALTIMOR	E CITY OR CO		DEATH		-
7	Ma	aryland		U.S	.A.	WIDOWE	D NEVER	VORCED T	BAI	TIMOR	E CI	TY	MI	
2	10 CT	TY OR TOWN OF	- 1	11. NAME	OF HOSPITAL, NURSIN	G HOME C	OR OTHER INST	NOITUTION	12a USUALO				F BUSINESS OR	-
1	1	BALTIMO		THE 3	JOHNS HOP	KINS	HOSPI	TAL	(TYPE OF WORK	FOR MOST OF WO	RKING LIFE)	NDUSTRY		
4	13a. S	TATE	13b. COUN	OTHER INSTITUT	ION. GIVE RESIDENCE BEFORE	ADMISSION)	13d INSIDE C		13e.STREET A	DDRESS / ZIF	CODE			-
4	_	aryland /	Bal	timore	Arbutus		YES 🗌	NO 🛣		Aldgate		en 21	1227	
Z	FA FA	THER'S NAME FIRST		MIDDLE	LAST			MAIDEN NAM	ΛE	MIDDLE			100	_
4		Ronald		J.	Moo	re	Sus			E.		Boa	ardman	
٩		AS DECEASED EV		MED FORCE		RITY NO.	17 INFORMA	NT		ADDRESS				-
à	Į,	NO	(IF YES, GIV	E WAR OR DATE:	212-02-	3699	Ronald	J. Moo	ore 47	82 Ald	gate (Green	21227	
4	6	18. CAUSE OF DE	ATH (Enter or	ly one couse	per line for (a), (b), and	d (c).						BETWEEN	MATE INTERVAL	=
4	Die	PART I. DEATH		D BY: TE CAUSE (o)	Adult- Re	spirat	DRY DIS	tress 5	yndrone				tays	
4				DUE TO	, OR AS A CONSEQUE	NCE OF								
	2	Conditions, if o		(b)	prolonged	apl	व्हाव.					6 w	eeks	
J		couse (o), sto	oting the	DUE TO	, OR AS A CONSEQUE	NCE OF						-		
ŝ	underlying couse lost (c) therapy for Acute Lymphocytic Leukemia										lears			
3	íz.	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:15											_	
1	은					yout 6								
	CERTIFICATION	19a DATE OF OPE	RATION	19b. COI	NDITION FOR WHICH	OPERATIO	N WAS PERFO	RMED	20a AUTOF		CERTIFYING	RE FINDING CAUSES	GS USED OF DEATH?	
4	RTI	21a. ACCIDENT WAS		2 20 200						NO	YES [NO 🗆	
1		OR CONTRIBUTING	CAUSE OF DEA	TH HOUR	E OF INJURY A.M. MONTH DA	Y YEAR	ZIC HOW IN	JURY OCCURRI	ED (ENTER NATU	JRE OF INJURY IN I	TEM 18 PART 1	OR PART 2)		
ı	MEDICAL	21d INJURY OCCI			P.M.	19								
1	ME	WHILE NOT	WHILE		CE OF INJURY . STREET, FACTORY, OFFICE, FA	RM, ETC }	211 LOCATIO	N.		CITY OR TOWN		COUNTY	STATE	
ĺ		AT WORK - AT	WORK			1001	10.002/		- V27.R	0.11				
1	163	sow the dece	osed alive an	July 2	the deceased from	MAY	nd that in (my)	, 19.87	10_101				hat (I) (we) last	
ı		22b. SIGNATURE) (did) (did no	1) view the bo	dy ofter death.			оог, оринон а	eom occorred	on the date of	na nour one			
ı		()		200	ho cherc		DEGREE	TTENDING	MEDICAL	STAFF		7/24	1	
4		22d. PHYSICIAN'S	NAME ITARE	X			22e. ADDRESS	HYSICIAN [DIRECTOR	PHYSICIAN		1129	10/	
1		()	7	white her		/	ZZe. ADDRES		RIDS	Lland	1 R	. []	m 111	
ł	73n DI	JRIAL, CREMATIO) CLL	THE PARTY	erc		TOWE	, , , - ,			al a	RITHE	ie ind	_
	(S	PECIFY)		735 DATE	()		EMETERY OR C		23d LOCAT	RIOWN	co	UNIY	STATE	
1	24 FIII	Vre.	mation	7/2	THE RESERVE TO SERVE THE PARTY OF THE PARTY		y Proce			nsville		timor		_
			neral I	Tome	Inc. 4107 V	21229	oc Auc	JUN DATE	RECTO. BY REC	SISTRARIZSB. R	REGISTRAR"	SSIGNATE	IRE	
1	1100	mara ra	LICIAL I	TOME,	TIIC . TIO / A	ATTVEL	IS AVE.		- 100					

DHMH - 16 60M 7/84 (VRA 15, 4)

Ave.

Law Funeral Home 4611 Park Heights

(VRA 15, 4)



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

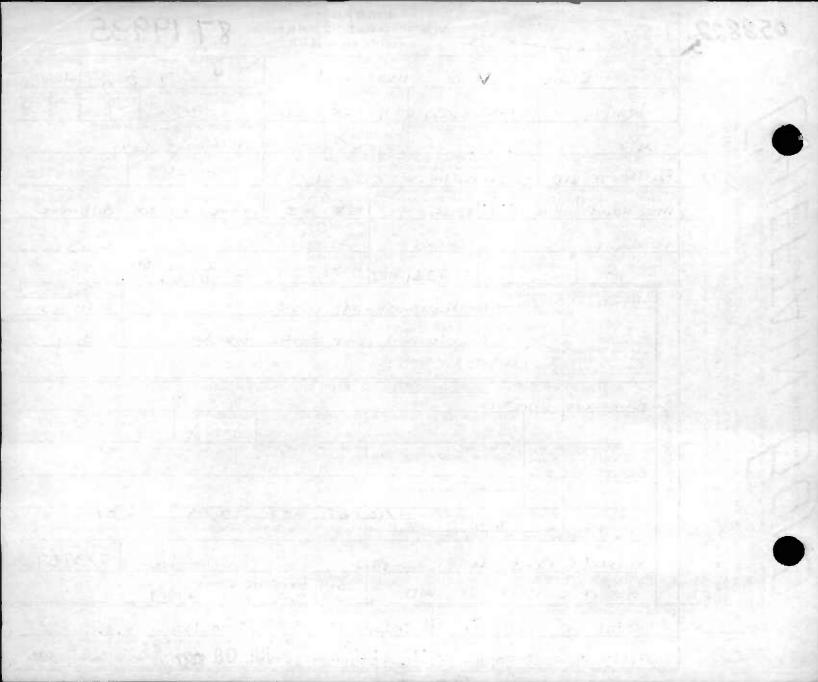
d'	7	-10	0	a	5	-
d	7	ı	1	7	0	J
	DEC	NIO				

		REGISTRAR	Elsie	- V		CERTIFICATE OF DEATH									
		CEASED NAME	FIRST		WIDDLE	l	AST		20. DATE	OF DEATH	MONIH	DAY	YEAR	Zb HC	OUR
	litre	OR PRINTS	Elsie	V	alma	More	eland			0 /	7	3	27	4:	300M
	3. SE)	(4. RACE	_	5. DATE C			6. AGE (IN YEARS LAST B	IRTHDAY)	MONTH	DEPT YEAR		2
		Femal	e	Cauca	islan	MONTH	25	YEAR		80	YRS		DAYS	HOURS	CNIM
-	74 BI	RTHPLACE (STAT	TE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER N	ARRIED 🗆	9 BALTIA	MORE CITY	OR COUN	TYOFE	EATH		13.4
7		MD		U.S.A		WIDOWE		ORCED [Huma		ate	1		MD.
2	-	TY OR TOWN OF		(IF NOT IN SUC	HOSPITAL, NURSIN CHEACILITY, GIVE STREET BOUTHING	ADDRESS)	everal	TUTION		OUSET		LIFE) 12	KIND C	Mes	tic
	13a. S	TATE	NURSING HOME OF		13t. CITY OR TOW	ADMISSION)	13d INSIDE CI	TY LIMITS?	-	T ADDRESS		DE	2.	122	5
		anylaric	anne	e arunc	Baltim	270	外交流	NO X		Audre	y A	Je.	BULL	ino	re
14)	THER'S NAME FIRST		WIDDLE	Ducks		15. MOTHER'S	IRST	ME	MIDDLE 3.	1		LAS		
Vida.		AS DECEASED E			166 SOCIAL SECU	RITY NO.	17. INFORMAL	VT .		ADDI		2	7		77.1
4	(4	es, no or unknown	VI (IF 185, GIV	/E WAR OR DATES)	21223	1246	Roth	willy G	len	Burn		vid.	5 to 1 to 1	61	
		18 CAUSE OF D	EATH (Enter or	nly one cause per	line for (a), (b), on	d (c).)							BETWEEN	MATE INT	ERVAL ID DEATH
	-	PARTI. DEA	TH WAS CAUSE IMMEDIA	TE CAUSE (a)	archiopul	mone	ery (unes	1				2 4	001	3
				DUE TO, O	R AS A CONSEQUE	NCE OF	,								
		Conditions, if		((b) 1	typotens	ión .	and <	septu	Sh	exx			19	ay	
		gave rise to cause (a),	stating the	DUE TO, O	R AS A CONSEQUE	NCE OF								0	
		underlying c	ause last.	(c)_											
	z	~ .		CONDITIONS CO	ONTRIBUTING TO E	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISE	ASE OR CO	NDITION G	IVEN IN	PART 10	ם	
100	MEDICAL CERTIFICATION	190. DATE OF OP		Jr Colo	ITION FOR WHICH	ODERATIO	NI WAS DEBEON	MAFD	1 20 - A1	JTOPSY?	Tank IEV	EC ME	RE FINDIN	100 110	
1	FICA	IVO. DATE OF OP	EKATION	140. COND	ITION FOR WHICH	OPERATIO	N WAS PERFOR	MED	7 7 7 1	- 1	IN CERT	TIFYING	CAUSES	OF DEA	ATH?
1	RTI	21a. ACCIDENT WA	CHARGONIANO E	7 21b. TIME C	E IM II IDV		121. 14014/151	LIDY OCCUPE	YES L	NOM		YES		NO	
	0	OR CONTRIBUTING	_		M. MONTH DA	YEAR	ZIC HOW IN	URY OCCURR	ED (ENTER	NATURE OF INJ	URY IN ITEM 18	8 PARTIC	OR PART 2)		
	CA		MEDICAL EXAMINE			19	211 1 2 2 1 2 1 2	N							
	MED	21d. INJURY OC	OT WHILE	21e PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATIO	N		CITY OR T	OWN	C	OUNTY		STATE
		AT WORK	TWORK			() /) -	100			- / 5					
		,	at (I) (this hospi ceased alive an	7/7		87,00	nd that in (my) (, 19 O	, 10	1/3	data and h	, , , ,			(we) last
		abave, (I) (v	ve) (did) (did no	t) view the bady	after death.		DEGREE	aor, apinian c	Jean occo	rred on the i	dole ond h		22c. DATE		
		O-A	110	1 (A	TENDING _	MEDICA	AL STA		1	7/	3 1 C	2-7
-		22d. PHYSICIAN	S NAME ITYPE	2001 J	1	M	22e ADDRESS	HYSICIAN [DIRECTO	OR PHYS	ICIAN U		1/-	2/0	21
		Rober		Dart,	Jr. MT		1319	forma	7 por	Suns	1113				
	23a. B	URIAL, CREMATI	ON, REMOVAL			NAME OF C	EMETERY OR C	REMATORY		CATION					
	(:	Burial		july	7,1987	Ceda	Hill	Cemet	O 1937	ookly	n	A.	A.		STATE VI d
	24 FU	NERAL DIRECTO	R		Balton,		21225	250 DATE	E REC'D. B	Y REGISTRA	R 256 REGI	STRAR'S	SIGNAT	URE	
	M	ccully	Funera	al Home			tansco	Avev	UL C	8 100	7 guin	ia Da	vidson	-Ran	delle

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

IMPORTANT: If Item 21 is marked or Itam 18 shows any injury, or ather traumatic event; the medical examination



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certifical properties within 24 hours after dea retained by the hospital or offending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physical and completely filled in by the fune should be detached for use as the burial-transit permit. Then please remove carbonpolent from a 1 and 2 affould be filed within with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removing	
DIVISION OF V	TO HOSPITAL OR ATTENDING PHYSICIAN: The I retained by the hospitol or offending physician.	TO FUNERAL DIRECTOR: After this certific should be detached for use as the burial-true with the State Dept of Health and Mental I	

	Item #16b G 630 E/7/E7 cw STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE												
11 01	X	CTATE	ne I. Mo			EALTH AND MENTAL HYG	9 7	19	9	3 6			
P	1. DE	CEASED NAME FIRST	ALDIN	E I.	Mor	GAN	- KEO. IV	MONTH DAY	YEAR	10.48 P.			
	3. SE	Female	4 RACE White		5. DATE C	7 1 1901 YEAR	6 AGE (IN YEARS LAST BIR	YRS.		IF UNDER 24 HRS HOURS MIN.			
T Once		RTHPLACE ISTATE OR FOREIGN COUNTRY) Pennsylvania	76 CITIZEN OF	.A.	MARRIE WIDOWE	D NEVER MARRIED .	Baltimore city o	re City		MD.			
P	I	TY OR TOWN OF DEATH Baltimore	North C	harles Ho	spita	OR OTHER INSTITUTION	120 USUAL OCCUPATION OF WORK FOR MOST OF HOUSEWITE	ON F WORKING LIFE)	INDUSTRY	Maker			
a serior	130. S Ma	0	OTHER INSTITUTION ATY	GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Baltimon	N	13d INSIDE CITY LIMITS? YES NO 🔀	130.STREET ADDRESS / 21 West (zıp code Cedar Hi	11 Rc	oad 21225			
exomite	14. FATHER'S NAME FIRST George Watt Is MOTHER'S MAIDEN NAME FIRST MIDDLE Margaret Cu 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 160. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS												
medico	16a V	s 13e											
rinjury, or other froumotic event,	TION	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT	DUE TO, OI DUE TO, OI DUE TO, OI (b) DUE TO, OI (c)	R AS A CONSEQUE R AS A CONSEQUE ONTRIBUTING TO C	NCE OF				IN PART TIE				
shows on	CERTIFICATION	19a DATE OF OPERATION	- 25		OPERATIO	N WAS PERFORMED	YES NO	20b. IF YES, W IN CERTIFYIN YES	G CAUSES				
lem 18	MEDICAL CE	21a, ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DE	P.,	m." MONTH DA M.	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART I	OR PART 2)				
morked or	MED	WHILE NOT WHILE AT WORK	21e PLACE (OF INJURY BET, FACTORY, OFFICE, F	ARM ETC }	211 LOCATION STREET	CITY OR TO	wn	COUNTY	STATE			
M2		270.1 certify that (I) (this hasp sow the deceased alive or above, (I) (we) (did) (did no 27b. SIGNATURE	0712	41 99 8	7. or	nd that in (my) (aur) opinion d	eoth occurred on the do	te and hour an					
≝ = = - /		50.1	M		-	ATTENDING PHYSICIAN	MEDICAL STAF		712	4187			
MPORTANT: # Rem 2		J. ANJAR	in	MO		270 ADDRESS 1087	-imore,	MO.2	1518	300			
	{	Burial, Cremation, Removal (Specify) Burial	7/28/	-		EMETERY OR CREMATORY Cemetery	Portage	Camb		Pa.			
7/84	Ge.	orge J. Gonce	1001 Rit	chie Mewy	Balt	imore Md 302	27 1987	Robert Warren	'S SIGNAT				

Morgan Cemetery

8/1/87

Connelly Funeral Home 300 Mace Ave. 21221

(SPECIFY)

DHMH - 16 60M 7/84

(VRA 15, 4)

24. FUNERAL DIRECTOR

Burial

STATE OF MARYLAND

Roncevert Greenbrier W.Va.

Tura Davidson

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIFICATE OF DEATH

}	7	REG. N	10.	9	9	3
ATE	OF	DF 4 T14			100	1

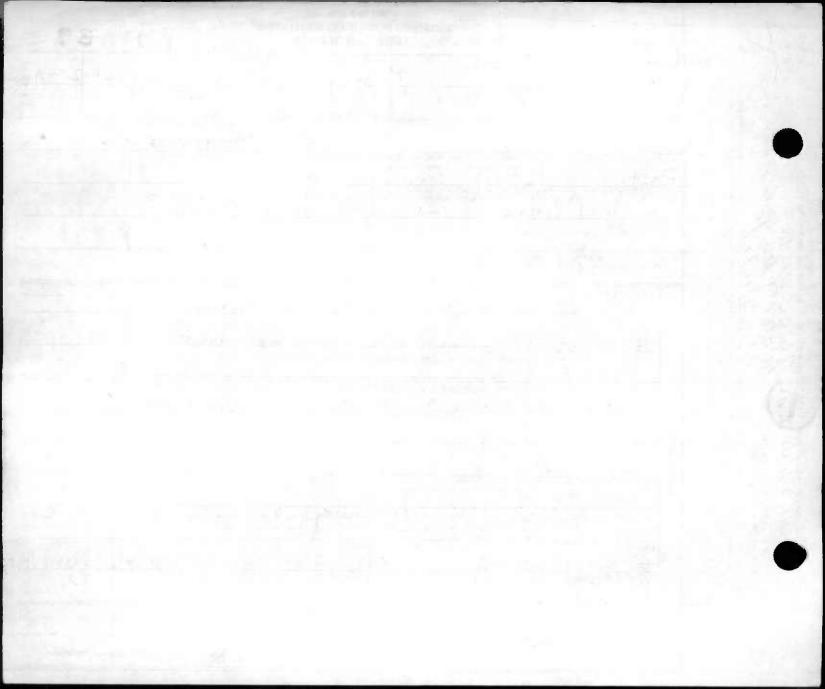
	2770	1	FOR			DEF	PARTMENT OF H	IEALTH AND MENTAL H	YGIENE		1	7 0
6	8 3 JUL 29	87	STATE REGISTRAR				CERTIF	ICATE OF DEATH	8 7 REG. 1	10. 9	7	3 0
				IRST	٨	MDDLE	1	AST	20 DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR
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DHMH - 16 60M 7/84 (VRA 15, 4)

Leonard J. Ruck, Inc. Baltimore, Maryland

JUL 28 1987 Julia Denson Rudell

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TO FUNERAL DIRECTOR, After this certificate has should be detached for use as the burial-transit per with the State Dept. of Health and Mental Hygjene etained by the haspital or attending physician.

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DHMH - 16 60M 7/8 (VRA 15, 4)

MPORTANT: If them 21 is marked or them 18 story

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 19940

		FOR STATE	DEPARTM		EALTH AND MENTAL HYG	IENE &7	10	197	U
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	3. SEX	F	RACE B 2	S. DATE C		6. AGE (IN YEARS LAST BIRT			HOURS MIN.
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5		14 OR TOWN OF DEATH		ADDRESS)	On the	170 USUAL OCCUPATE TYPE OF WORK FOR MOST O		126 KIND OF INDUSTRY	BUSINESS OR
L	13a. S	TATE MD 136 COUN			YES NO		ZIP CODE	- Dr.	225
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-	16a W	AS DECE <u>ASED EV</u> ER IN U.S. ARI ES, NO PRUNKNOWN	MED FORCES? 166 SOCIAL SECU E WAR OR DATES) 2/2096		17 INFORMANT	283	3 B	orker	Dr.
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		gove rise to immediate cause (p), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE			9			
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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NAS DECEASED EVER IN U.S. ARMED FORCES? NB. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS NO. 214-03-0139 Minerva E. Mulligan, 345 S. Furrow Street 214-03-0139 Minerva E. Mulligan, 345 S. Furrow Street RIVER ON STREET NO. 214-03-0139 Minerva E. Mulligan, 345 S. Furrow Street RIVER ON STREET R						Mullig	an	2.0		WIDDIE				zer
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226. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN TO THE PHYSICI			sow the decease above, (I) (we) (d	d olive on id) (did no	t) view the body	ofter death.	37, or	id that in (my) (our) of	pinion de	oth occurred on the d	ote and h	our and fro	om the c	auses stated
PHYSICIAN DIRECTOR	1			,	0 4			DEGREE				220	DATES	IGNED
Dr. E. Hunter Wilson, Jr. Keswick Nursing Home, 700 W. 40th Street 23d BURIAL, CREMATION, REMOVAL 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN COUNTY STATE			2 Hun	hui	Vilar	2							7-2	21-89
236. BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN COUNTY STATE			22d PHYSICIAN'S NA	ME (TYPE O	RPRINT)	0		22e ADDRESS						
236. BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN COUNTY STATE			Dr. E. H	Iunte	r Wilson	Jr.		Keswick	Nurs	sing Home.	700	W. 4	Oth	Street
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		(5			7/24/	87 Me	adowr	idge Mem. 1	Park	Elkridge			-	Maryland
24 FUNERAL DIRECTOR 21229 250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE	1	24 FU									25b. REG			
Hubbard Funeral Home, Inc., 4107 Wilkens Ave. JIII 22 1087 Julia Jordan Parkets								4-44-					CHALL	, III

DHMH - 16 60M 7/84

FOR

(VRA 15, 4)

BP

ATTENDING

TO HOSPITAL OR ATTENDIP

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the offending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages and 2 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

or other troumatic

morked or Item 18 shows any

MPORTANT: If Item 21 is

FOR

1. DECEASED NAME

REGISTRAR

ADELE

FIRST

F.

4. RACE

MUNCH

- STATE

(TYPE OR PRINT)

3 SEX

STATE OF MARYLAND

REG. NO.

MONTH

DAY

YEAR

8

IF UNDER TYEAR

2h HOUR

IF UNDER 24 HRS

am

20. DATE OF DEATH

6. AGE (IN YEARS LAST BIRTHDAY)

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 3

LAST

5. DATE OF BIRTH

F	emale		White			14,	1911 YEAR		76	YRS.	MONTHS	DAYS	HOURS	MIN.
	IRTHPLACE (STATE OR FOR COUNTRY) ennsylvania		U.S.A.	WHAT COUNTRY?	8. MARRIEI WIDOWE		EVER MARRIED	_	Baltimore City o	_		ATH		MD
Tic B	altimore	н 11.	NAME OF H	HOSPITAL, NURSING HEACHTY, GIVE STREET A VELOON AV	G HOME C CORESS) enue		The same of the sa	12a {TY	USUAL OCCUPATI PE OF WORK FOR MOST O Saleslady		FE) INDL	USTRY	BUSINE	ESS OR
13a.	AL RESIDENCE (IF NURSING STATE	35 COUNTY		Baltimor		13d. IN	SIDE CITY LIMITS?	13e	1206 Weld	ion Av	enue	21	211	
	ather's NAME avid John B	Burch	DLE	LAST	7 16	15. MO	Mary May		ttenberge	r		LAST		
(VAS DECEASED EVER IN YES, NO OR UNKNOWN}	U.S. ARMEI		215 01 3			ormant varles W.	Mu	nch 120	6 Wel	don	Ave		
	18 CAUSE OF DEATH PART I. DEATH WA	(Enter only o S CAUSED B MMEDIATE C	Y	melial	الادارا	st	lever				BE	APPROXIM TWEEN OF	NATE INTER	DEATH LA
	Conditions, if any, s gove rise to imme cause (0), stating underlying couse	diote	(p)	PANCE DANCE PANCE AS A CONSEQUE	eule	٩	Cance	2.				31	non	th
CERTIFICATION	PART 2 OTHER SIGNIF								FINDING	GS USEC OF DEAT	H?			
	210. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER, NOTIFY MEDICAL	USE OF DEATH	21b. TIME O HOUR A./ P./	M. MONTH DA	Y YEAR	21¢ H	OW INJURY OCCU	URRED	(ENTER NATURE OF INJUI	RY IN ITEM 18 F	ARI I ORP	ART 2)		
MEDICAL	214 INJURY OCCURRE WHILE AT WORK NOT WHILE AT WORK		21e. PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, FA	RM, ETC)	211 10	STREET		CITY OR TO	WN	COU	MTA	5	TATE
	22a.1 certify that (1) (t sow the deceased above, (1) (we) (dec	olive on	7/8	19_8	Jan 27, or		n (my) (<u>our)</u> opinio	3 on deat	to 7/10	ote and hou	19.8 -		hat (I) (v ouses sta	
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	DIRE OUR ON S	M	ALE	В		12/9/2	11	45 Y	RS. MONT	S DAYS HOURS	MIN	PRONOUN	CED	7	27 187	9:47
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	SHOP OF	1	ITY OR TOWN		TH	I IF NOT IN SUCH	FACILITY, GIVE	TREET ADDRESS)		ER INSTITUTION	12a U	SUAL OCCUP R MOST OF WOR	ATION TYPE	OF WORK	12b. KIND OF OR INDU	
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000	RETHIS CRITICATE SHOULD BE EXECUTE AND STATES WHING THE WORD "PENDING" IN 100 WWARDED TO THE CHIEF MEDICAL EXA RE PAGE 3 SHOULD BE USED AS A BURIAL RESTATE DEPARTMENT OF HEALTH AND M. 20, 21201 PRIOR TO BURIAL, CREMATION,	2	PART 2 DTHER S	IGNIFICAN'	Conditions (ONTRIBUTING TO DEA	TH BUT NOT REL	ATED 10 THE TERM	AINAL DISEAS	DR CONDITION GIVEN I	N PART 1 tol.	-10				
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2	HIS (ARPINARIE)	>	AT WORK	AT W	ORK			.,,				CITTORTOY	714	COC		STATE
	NER: THIS CATE, W FORWAF FOR PAG OR: PAG THE STAT		22a. I certi	fy that I	took charge	of the remains d	lescribed abo	ove, held on	Autop	sy X, Inspe	ction .	Inquiry	, and	d in my ap	inian	PART D
	MINION NINE		death result	ed from	Naturo	ol causes X,	Accident	☐, se	iicide 🗌	, Homicide	, Unde	etermined mo	nner .			
	PULD CERT		ACTUAL	1	4	-	1	. De		TITLE (SPECIFY	Ohios			DATE	7 0	0.7
	A HA SHE	1	SIGNATURE,	1	1	1	X		M	Deputy	CHIE	DICAL EXAM	INER	SIGNE	0	23-87
	WED!	1	EXAMINER'S	NAME	Ann	M. Dixo	n, M.I).			Penn	St.,	Balto.	. MD	2120	1
	TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE. PAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2	23a.B	URIAL CREMA	1000						ADDRESSR CREMATORY		OCATION				
07/8	165	(SPECIFY)		JRIAL			EASTV			CIT		го.,	MD.	ΙA	STATE
25M	DHMH - 17	24. F	UNERAL DIREC			ADDRE		and about the V	the short T		TE REC'D.	Y REGISTRA		STRAR'S S		
	(VR A15 ME (5))	4		BEF	TY H	EIGHTS		Y O. 1	DYET	r	ULZ	1981	Julia	David	ass. Kong	اطلام



JUL 28 1987 Jan Kalendard

deoth. Page 4 may be ecuted within 24 hours ofter TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

retained by the hospital or attending physician.

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

(X)		REGISTRAR		CERTIF	FICATE OF DEATH	₽ REG. N	10 1 0	AI
9		CEASED NAME FIRST	MIDDLE		LAST	20. DAJLOF DEATH	MONTH 3 DAY YEAR	2b HOUR
		Uwen	U.	Mu	rohy	~	7 10 81	4:05
	3. SE	MALE	4. RACE	5. DATE (1	6. AGE (IN YEARS LAST BI	MONTHS DAY	
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\$35	76. B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	MARRIE	NEVER MARRIED DIVORCED D	1 to law	note 91	Y
Stiffed	10 C	A HIMO P.	11. NAME OF HOSPITAL, NU		OR OTHER INSTITUTION	120 USUAL OCCUPAT	OF WORKING LIFE) INDUSTR	OF BUSINES
Sebe-	USU.	AL RESIDENCE (IF NURSING HOME OR STATE 136) COUN	OTHER INSTITUTION, GIVE RESIDENCE B		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS		216
36 mine	14. FA	THER'S NAME	MIDDLE ME PLIST	1	Mar S. Ler	ME		AST
100	160 V	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166. SOCIAL S	ECLIBITY NO	17. INFORMANT	ADDR	m bach	
1/2			EWAR OR DATES) 21307	1568	Margaret	heaply >	923 32m	15%.
1		18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one couse per line for (a), (b)), ond (c).)		1	APPRO BETWEE	DXIMATE INTERV
7			ECAUSE(a) Cavali	oou Imo	nary arre	ST		
ţ.				1				
8		6 80 9	DUE TO, OR AS A CONSE	OUENCE OF				
ro		Conditions, if any, which gave rise to immediate	(b) C/					
e		cause (a), stating the	DUE TO, OR AS A CONSE	OUENCE OF				
to a		underlying cause last.	((5)					
Ö		PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING	TO DEATH BUT	NOT BELATED TO THE TERM	INIAL DISEASE OR CON	DITION COVERNIE DADA	
Çanju	N	THE STREET OF THE PERSON OF TH	ONDINONS CONTRIBUTIO	TO DEATH BOT	NOT RECATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART	lia.
, V	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WH	HICH OPERATIO	N WAS PERFORMED	20g AUTOPSY?	20b. IF YES, WERE FIND	INGS LISED
000	FIC			nen oremno	** ***********************************	110	IN CERTIFYING CAUSE	S OF DEATH
à O	KT					YES NO	- YES	NO 🗌
18 %	CE	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	DAY WELL	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PART 2)	
EM	AL	OR CONTRIBUTING CAUSE OF DEA	un	DAY YEAR				
# F	OIC	(IF EITHER NOTIFY MEDICAL EXAMINER	P.M. 21e. PLACE OF INJURY	19	211. LOCATION			
to p	MEDICAL		(AT HOME, STREET, FACTORY, OFF	ICE, FARM, ETC	STREET	CITY OR TO	OUNTY COUNTY	STA
morked		AT WORK NOT WHILE						
É		220 I certify that (I) (This hospi	(al) ottended the deceased fro	om_(0 15	19 9	10 7 16	19 97	, that (1) fac
-		sow the deceased alive on abave, (I) (we) (did)(did no	7/10	9 57 0	nd that in (my) (our) opinion of	leath occurred on the d	- 1	
3			view the body ofter death.					
*		22b. SIGNATURE	+ and		DEGREE			E SIGNED
1.5		1/1/1/1/1/10	1-11		ATTENDING PHYSICIAN	MEDICAL STA		1018
MPORTAN		224 PHYSICIAN'S NAME (TYPE O	R PRINT)		22e ADDRESS	J DINECTOR CONTINUES	In A	10 10
MPORTAN		Wendy	Matis		Francis Sa	off Key Ho	Sp. Buto	MD
1,	1147	PRIAL CREMATION, REMOVAL		1 000 81	EMETERY OR CREMATORY	23d. LOCATION	DOWN A	STA
_	V	alcia -	7-13-81	MARKE	cord one by	1/Eilve	une roll	A STA
	74. FL	INFRAL DIRECTOR			250 DATI	REC'D. BY REGISTRAR	25b. REGISTRAR'S SIGNA	ATURE
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(VRA 15, 4)

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

161 Jul	29-	FOR FATE GISTRAR	DEPARTA	MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	0 %	0 0 4 /
		CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONT	TH DAY YEAR : 26 HOUR
oge 3		OR PRINT) Anth		nurray	- जिल्ला	23 1987
pog pog er de	3. SEX		4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY	
ctor.		male	Black	MONTH DAY YEAR		YRS. MONTHS DAYS HOURS MIN
Pag dire		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OF CO	
meral w 72 h	1	us md.	US	WIDOWED DIVORCED	Baltimore	2 City MD.
with with	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	IG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	126 KIND OF BUSINESS OR INDUSTRY
is of	6	altimore/	ST Agre Hisp	fol	NA	NA
24 hou		AL RESIDENCE (IF NURSING HOME OR STATE 134 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE		130 STREET ANDRESS / ZIP	,
1 12	14 FA	THER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	0011	1.451
1 13 (1)	1	In thony	Hammacl	Rhando		Murray
open /		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SECU	RITY NO. 17 INFORMANT	ADDRESS ADDRESS	2 Prosetmen
5 5 4	-		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	IN MONCE II	10 4 10 9 271	APPROXIMATE INTERVAL
/ LIAI		PART I. DEATH WAS CAUSE		Al		BETWEEN ONSET AND DEATH
(2)		IMMEDIA	E CAOSE (0)	7		
		Conditions, if any, which	DUE TO, OR AS A CONSEOU			
4 4 4 4 4		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQU)		
that the rest		underlying cause last.	(c)			
sig a birri	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITIO	ON GIVEN IN PART 110
been mit. The prior to any in	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		IF YES, WERE FINDINGS USED
no. no. perm perm ene pr	FIE				YES NOW IN	CERTIFYING CAUSES OF DEATH? YES NO
N: Thy ysicion yysicion yysici	# E	210. ACCIDENT WAS UNDERLYING			RRED (ENTER NATURE OF INJURY IN I	ITEM 18 PART I OR PART 2)
SICIAR ng ph certifu priol-tr ental l	¥	OR CONTRIBUTING CAUSE OF DE		19		
HY Sign	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
OING Porton or other the os the alth and morked	>	AT WORK NOT WHILE		, , , , , , , , , , , , , , , , , , , ,		
NDIN NSe of Teals		220.1 certify that (I) (this hosp	ital) attended the deceased from_	37 and that in (my) (nur) anging	10 July 23	
Spiro CTO CTO I for of h			of) view the body ofter death.	, one mor in they (correption	n death occurred on the date a	and hour and from the causes stated
		774. SIGNATURE		DEGREE ATTENDING	MEDICAL STAFF	22c. DATE SIGNED
	-	THE WASHINGTON NAME THE			DIRECTOR PHYSICIAN	w July 23, 1987
to HOSPITAL etained by the TO FUNERAL should be det with the Stote with the Stote		Listin Aponte	PINI)	St. Agno Hospi	top, goo laton Aven	ue, Balkmore, Hd 21042
of of shape of the		BURIAL, CREMATION, REMOVAL	1 1	NAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY STATE
BP	Y	emotion	7-29-87 U	lesturew len	TI Dalt	o. md
DHMH - 16 60M 7/84	24 F	UNERAL DIRECTOR	ADDRESS	(12 M) (10 m) 250	ATE REC'D. BY REGISTRAR 256	REGISTRAR'S SIGNATURE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	9	9	4	
_				

DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE

161496 AUG	4	FOR BZEGISTRAR			DEPART		EALTH AND A		SIENE 8	7 REG.	NO	9	9 6	4 7	
X		CEASED NAME	FIRST		MIDDLE	i	AST		20. DATE	OF DEATH	MONTH	DAY	YEAR	26 HOUR	2
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aok aok	3. SE.			RACE		5 DATE C	F BIRTH		6 AGE	IN YEARS LAST I	BIRTHDAY)		NDER I YEAR	IF UNDER 2	
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AND 212	130. 3	MD	NG HOME OR C 13b. COUNT		GIVE RESIDENCE BEFORE 13c. CITY OR TOV BALTO.		13d INSIDE CI	NO 🗌		ADDRESS	olysi	PRIN	G LAN	E 21	218
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RDS, 20 equires t equires t Then ple r to burio injury, or	NO	PART 2 OTHER SIGN	IFICANT CO	ONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERM	AINAL DISE	ASE OR CO	NOITION	GIVEN	IN PART 1:	0	
he low roon. hos been to permit.	CERTIFICATION	190 DATE OF OPERAT	ION	196. COND	OITION FOR WHICH	OPERATIO	N WAS PERFO	RMED	200 A	UTOPSY?			ERE FINDING CAUSES		H?
DN OF VITA IYSICIAN: Ti ding physici sis certificate burial-transi Mental Hygi		210. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC	AUSE OF DEAT		DF INJURY I.M. MONTH D I.M.	AY YEAR	21c. HOW IN.	JURY OCCUR	RED (ENTE	R NATURE OF IN	IJURY IN ITEA	a 18 PART I	OR PART 2)		1
IVISIO	MEDICAL	21d. INJURY OCCURR	ED .		OF INJURY FREET, FACTORY, OFFICE	FARM ETC)	211 LOCATIO STREET	N		CITY OR	town	7	COUNTY	ST	ATE
ATTENDIN rospital or recTOR: Af- ed for use of ot. of Health		22a.l certify that (I) sow the decease above, (I) (we) (d			7 0 6	87_, 。	16-29 and that in (my) DEGREE	(our) opinion	death occu	orred on the	dote and	, 19_			
TAL OR RAL DIR RAL DIR CORP (CHAP)		1	ang	Sur	Le		W) A	TTENDING PHYSICIAN [OR PHYS		/		-26-	87
TO HOSPITAL retoined by 1 TO FUNERAL should be de with the Stoti		Kang S					22e ADDRES	CITUI		ospit roadv		Ва	lto,	Md	212
DD 1 2 3 2	23a	BURIAL, CREMATION, I	REMOVAL	7/31/			T. MEM		23d. LC	LÄURE	CL	C	OUNTY	MI)TE

1101 E. NORTH AVENUE

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR
WM C. MARCH F7H

BP.

SE TO HE

BP

DHMH - 16 60M 7/84 (VRA 15, 4)

061160

STATE OF MARTLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH &

REG. N	9	9	
TE OF DEATH		DAN	-

29	8	FOR STATE REGISTRAR	DEPARTM		EALTH AND MENTAL HYG	IENE REG. NO	9 9	43	-A
	DEC	CEASED NAME FIRST	MIDDLE	Mi	LITAU		DAY 22	87 10 H	400 M
3	SEX		Black	5. DATE C	DE BIRTH	& AGE (IN YEARS LAST BIRT	HDAY) IF UND	DAYS HO	NDER 24 HRS PRS MIN.
	C	U.SA.M.		WIDOWE		Baltimore city of	City	EATH	MD.
		Baltimore	NAME OF HOSPITAL, NURSING	DRESS)	or other institution	(TYPE OF WORK FOR MOST OF		DUSTRY	SINESS OR
13	3a S	L RESIDENCE, IF NURSING HOME OR OTH TATE 136 COUNTY	MER INSTITUTION GIVE RESIDENCE BEFORE A	DAISSION	YES NO	13e STREET ADDRESS	007 -	an 2	1216
1	4	THER'S NAME MID MAS N. Y MAS DECEASED EVER IN U.S. ARME	Hammuc	k	15 MOTHER'S MAIDEN NAMED HOW	da MIDDLE	Murro	L Y LAST	
		AS DECEASED EVER IN U.S. ARME ES, NO OR UNKNOWN) (IF YES, GIVE W		III NO.	4 14:	Urray 291.	3 Pres	STMA. APPROXIMATE BETWEEN ONSET	<u>n</u>
	NOI	Conditions, if ony, which gove rise to immediate couse tol, stating the underlying couse lost. PART 2 OTHER SIGNIFICANT COI	DUE TO, OR AS A CONSEQUEN	YNEW UCE OF		inal disease or conf	DITION GIVEN IN	PART Ito	
	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH C	PERATIC	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WER IN CERTIFYING YES	CAUSES OF D	USED DEATH?
		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M.	YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM TO PART TO	PPART 2)	
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21¢ PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FAI	RM ETC)	211 LOCATION STREET	CITY OF TO	vn ((YIMUC	STATE
ı		220 1 certify that (1) (this haspital sow the deceased alive on above, (1) (we) (did) (did not) v	July 22 19 8	July 17 . o	nd that in (my) (our) opinion	- 10	te and hour and	from the couse	
		226. SIGNATUH			DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	F _/	July 2	
		22d. PHYSICIAN'S NAME (TYPE OR PR LISTIA APONTE	INI)		9 Agms Hospil	hal 900 Cator	Avenue,	Baltimor	4, Md 21043
	- (SPECIFY Cremation	7 20.97 11	AME OF C	CEMETERY OR CREMATORY	23d LOCATION Bartown	o mod	٨	STATE
2		INERAL DIRECTOR	ILL WORKESON	1.1-	land Que 250 DAT	E REC'D. BY REGISTRAR	25b REGISTRAR'S	SIGNATURE	-

10 6 0 8 6 2 galed at four

1 - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1	0	4	6	-9
REG. NO.	,		1	30

REGISTRAR		CERTIF	ICATE OF DE	S HIR	REG. NO	o	. 1	16
EASED NAME FIRST	MIDDLE	L)	AST		20. DATE OF DEATH	MONTH DAY	Y YEAR	2b. HOUR
MAB:	EL Lena	M	IUTH			7 24	87	3:55P
3. SEX	4. RACE	5. DATE O			6 AGE IN YEARS LAST BIRT		UNDER I YEAR	
Female	White	момтн 5	3 DAY	VEAR 06	81	YRS.	NIHS DAYS	HOURS MIN
To BIRTHPLACE STATE OF FOREIGN	76. CITIZEN OF WHAT COUL	NTRY? 8	NEVER M.	ADDIED []	9 BALTIMORE CITY O		FDEATH	
Maryland	U.S.A.	WIDOWE		ORCED	Baltimor	e City		M
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	URSING HOME O		TUTION	120 USUAL OCCUPATE			OF BUSINESS O
Baltimore	18 NOT IN SUCH FACILITY, GIVE 2800 Georget				Homemaker	WORKING LIFE)	INDUSTRY	
USUAL RESIDENCE I # NURSING HOM	OR OTHER INSTITUTION, GIVE RESIDENCE	E BEFORE ADMISSION)				717 0000	1, 11	
Maryland 136 CC		imore	13d. INSIDE CIT YES 🔀	Y LIMITS?	13e.STREET ADDRESS / 2800 Georg	etown	Road 2	21230
14 FATHER'S NAME			15 MOTHER'S		AE			
Collis	MIDDLE LA	Brink	F	Mary	MIDDLE V		LA I	Ünknown
160 WAS DECEASED EVER IN U.S.		L SECURITY NO.	17 INFORMAN		ADDRE	55		JIM HOWIT
TO NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES)	-03-1267	Rachel	M. Wh	ite 1405 St	Mark	s Ave	21230
			raciici		- 4	· HOLLIE		XIMATE INTERVAL LONSK MANADEATH
PART I. DEATH WAS CAU		(b), and (c).)		and	Cr D		BETWEEN	ONSEMANDEATH
IMMED	PIATE CAUSE (0)			0 0				1.11
C Inc. of Live	DUE TO, OR AS A CON	SEQUENCE OF		1450	cra		1	ox,
Conditions, if ony, which gove rise to immediate	(p)			,				
couse (a), stating the underlying couse last.	DUE TO, OR AS A CON	SEQUENCE OF						
DADT 2 OTHER SICNIES AN	T CONDITIONS CONTRIBUTIN	C TO DEATH BUT	NOT BELATED 1	O THE TERM	NIAL DISSASS OR COLU	DITION CIVEN	LINE DADY 1	
	T CONDITIONS CONTRIBUTION	G 10 DEXIII BOT	NOT KELATED	O INE TERMI	INAL DISEASE OR CONL	JITION GIVEN	(IN PART II	0
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR V	VHICH OPERATION	N WAS PERFOR	MED	200 AUTOPSY?	20b. IF YES, V	WERE FINDI	NGS USED
JE					YES T NOT	ING CAUSES OF DEATH?		
210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c HOW INJ	URY OCCURR	ED (ENTER NATURE OF INJUR	YES Y	لبينا	140
OR CONTRIBUTING CAUSE OF CHEETHER, NOTIFY MEDICAL EXAM	P.M. 21e. PLACE OF INJURY	19	211. LOCATION	7				
AMILE NOI WHILE	AT HOME STREET, FACTORY,	OFFICE, FARM, ETC.)	STREET		CITY OR TO	NN	COUNTY	STATE
	ospital) attended the deceased	f		78	61	2/	87	. 0
any the deceased rive		07	d that in (my)	our) opinion d	leoth occurred on the do	te and how a	nd from the	that (1) we) lo
DISSIGNATORE CONTROL	not) view the bady after death.		DEGREE					SIGNED
60 mg	July July		AT	TENDING _	MEDICAL STAF	F	7/	24/8/
22d, PHYSICIAN'S NAME (TV	DE OR DRINITA	,	22e ADDRESS	HYSICIAN L	DIRECTOR PHYSIC	IAN	1,7	9,1
				lamoa T	Jospital			
Raymond Bahr		I on a variety			Mospital			
Burial, CREMATION, REMOV	7/27/87	Glen Ha			Glen burn	ie A	A. Ma	aryland
24 FUNERAL DIRECTOR	1/2//0/	OTCH Ha	TACII FICII		REC'D. BY REGISTRAR			
Hubbard Funeral	Home, Inc. 44	07 Wilker	ns Ave.	11 11	9 7 4007			Condosts
		2:	1229	JUL	4 1 1301	mile gold	200	Congramma

DHMH - 16 60M 7/84 (VRA 15, 4)

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MPORTANT ##

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21281

07/84 25M

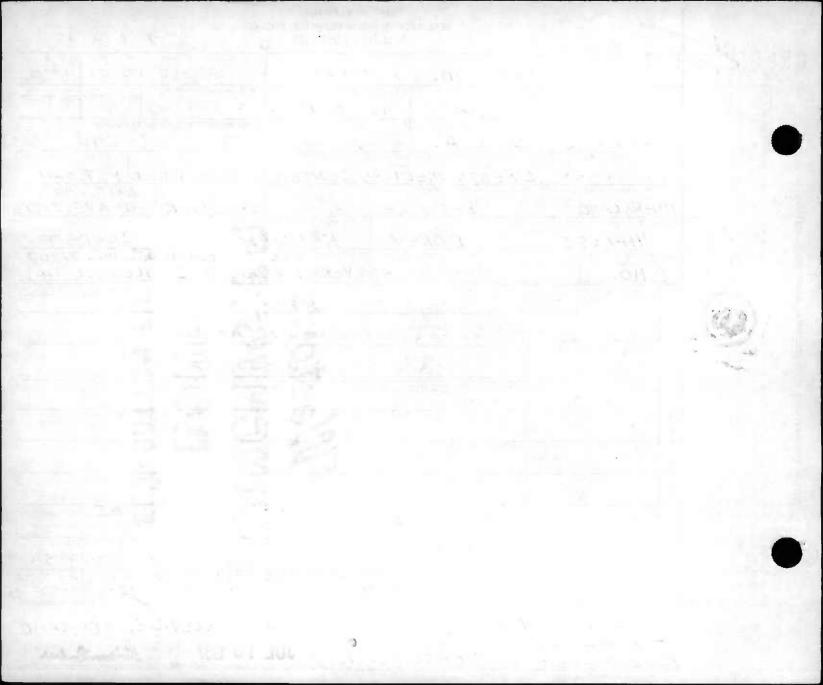
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

O	Q.	5	0
REG	NO.		47

	REGISTRAR		MICE	NCAL	EVAMILLE	K 3 CEK	HILAIBC	PEAIR	REG	NO.	47		
1 DE	CEASED NAN	NE FIRST		MIDDLE		LAST	12	20.	DATE KNOWN	X MONTH	DAY YEA	AR 2b HOU	
1111	-C OR PRINT!	Ches	ter			Mye	rs	1 0	OF ESTI-	7	11 19 8	7	
3. SE	(4. RACE	5. DATE OF BIRTH	WEAR	6. AGE (IN YEARS	1			DATE	HINOM	DAY YE	AR 24 HOU	
ati.	ale	Black	7/23/4		39 YRS.	MONTHS D	AYS HOURS	MIN PRO	DEAD	7	11 198	7 12:2 7 p	
In B	IRTHPLACE (STATE OR	76. CITIZEN OF WH	AT COUN	NTRY? 8	MARRIED F	NEVERMARR	IED L	SALTIMORE CIT				
	Md.		USA		VIDOWED [_	ED D E	Baltimor			Mi		
	nty or town Baltim	ore	II NAME OF HOSPITAL, NURSING HOME, OR OTH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) University Hospital				FOR MOST OF WORKING LIFE)					BUSINESS JSTRY Ot. In	
13a. S	Md.	13b COUN		ROTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 130 CITY OR TOWN Baltimore			13d. INSIDE (ITY LIMITS? 13e. STREET ADDRESS 1154 Carroll St.					21230	
14. F	ATHER'S NAM	_	WIDDLE	MIDDLE BAST		15. A	AOTHER'S MAID	ENNAME	MIDDLE		LAST		
1	Αυ	brey J.	ey J. Myers				Nancy My			Myer			
	WAS DECEASE	DEVER IN U.S. AR	MED FORCES?		CIAL SECURITY N		FORMANT	100	ADDRE			7 200	
				-42 -5 266	I	la Myers	1154	Carrol	1 St/	21230			
1	18 CAUSE C	OF DEATH (Enter or EATH WAS CAUSE	nly one cause per line	for (a), (b), and (c).)			1000				MATE INTERVAL	
	910		TE CAUSE (a)	Mul	tiple in	njurie	S						
	11	12		AS A CON	NSEQUENCE OF								
		ons, if ony, which											
	cause (a lying co	i) stating the under-	DUE TO, OR	AS A CON	SEQUENCE OF		0.00	(10)	111111111111111111111111111111111111111				
	- tyling co	030 1037.	(c)				N.C.			100	1000		
	PART 2 DTHER S	IGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH B	UT NOT RELA	TEO TO THE TERMINA	L DISEASE DR CO	NOITION GIVEN IN PA	RT 1 (a)					
CERTIFICATION	100										41,-5		
S	19a. DATE O	FOPERATION	19b. CONDIT	IONFOR	WHICH OPERAT	ION WAS PE	RFORMED?			- 110	20 AUTOP	SY?	
E								- 50			YES [X NO [
	UNDERLYING	AL CAUSE WAS	216 TIME OF HOUR A.M.		DAY YEAR	21c. HOW IN	JURY OCCURRE	D LENTER NATU	RE OF INJURY IN ITEM	TS PART 1 OR PA	ART 2)		
3	CONTRIBUT	ING CAUSE OF	DEATH 11:30x	x 7	11,9 87			shed b	y forkli	ift (o	perator	c)	
MEDICAL	21d INJURY	OCCURRED	21e PLACE C			211. LOCATIO		on Ctri	TY OR TOWAL		YTAUC	STATE	
2	AT WORK	NOT WHILE		sit		Vally	1515 Or Proteir	i, Inc.	Balto.		JUNIT	MD	
		/	e of the remains des	ribad ahe	A helden	Autopsy X	, Inspectio		nguiry .	and in my o			
	death resul	1 1	rational al	According to	X Suicid		Hamicide .		ined monner]	pintun		
	Jedin resul	7	1111-	1//	Julicio		TLE (SPECIFY)	Underermi	med monner	1			
	ACTUAL SIGNATURE	1 12	col 1 -	401		M.D	Assistar	it was		DATE	7/	12/87	
1	SIGNATURE		/	1	- 1000	M.D		MEDICA!	LEXAMINER	SIGNI	ED.		
-	EXAMINER'S (TYPE OR PR	INT) <u>CN</u>	arles P. K			ADDR			St. Ba	lto.ME).		
23a.B	SPECIFY)	ATION, REMOVAL		23c. f	NAME OF CEMET			23d. LOCA CITY, OR TO	TION	COU	JNTY	STATE	
	Burial		7/17/87		Mt.	Calva				A,A,			
24. F	UNERAL DIRE		1300°E	t are T	11000		25a. DATE	REC'D. BY REC	1987 Jul	GISTRAB'S	SIGNATURE	lace	
	Cilas . A	VICE LOLL	7 TOOO EA	Law I	race		JU	601	1301 1900	m low-			

1						STATI	OF MARYLAND	D					
	-	FOR			DEPART	MENT OF H	EALTH AND MEI	NTAL HYGI	ENE		7)	200	1
b	1.	STATE REGISTRAR				CERTIF	ICATE OF DEA	ATH §	1	050	. 9	7 3	1
105/10	I DEC	EASED NAME	FIRST	M	IDDLE		AST		2a DATE O	REG. NO	MONTH D	AY YEAR	7b. HOUR
9 00		opine	PAULI	INE	m.	7	TYERS		Ta DATE OF		07 1	1	630 PM
You go	3. SE)		4.	RACE		5. DATE C	OF BIRTH		6 AGE (IN)	YEARS LAST BIRT	HDAY}	F UNDER TYEAR	IF UNDER 24 HRS
ge 4 n ector irs oft		FEMAL	E	13 LA	CK	MONTH	31 /	906	80)	YRS	ONTHS DAYS	HOURS MIN.
Pour Pour	70: BI	RTHPLACE ISTATE OR F	OREIGN 76	CITIZEN OF V	VHAT COUNTRY	? 8	D NEVER MAR	DOIED O	9 BALTIMO	RE CITY OF	COUNTY	OF DEATH	
Jeath Jun 72 Jun 72		PARYLAN		U. S	S.A.	WIDOWE	DIVOI	RCED 🔲	DI	offer	1	CITY	MD
y the fued with	10 CI	SALV	TH 11		FACILITY, GIVE STREE	T ADDRESS)	L CENT		TYPE OF WOR	OCCUPATION FOR MOST OF	WORKING LIFE	125 KIND O	FAM.
ours in b	USUA	L RESIDENCE HE NURS			GIVE RESIDENCE BEFO	RE ADMISSION)							
24 h filled ould b		ARYCAND	136 COUNTY		BALTIM	ORE	YES N	LIMITS?	3402	ADDRESS /	ZIP CODE®	BALTO.	E. 21216
thin tely 2 sh	14. FA	THER'S NAME					15. MOTHER'S M	AIDENNAM	E				
w pao		CHARLE	5 **	DDLE	DOR	EY	HA	NNA	H	MIDDLE	(SARR	ETT
es d		AS DECEASED EVER	IN U.S ARME	140 000 0 11551	166 SOCIAL SEC		17 INFORMANT		,	BART	fmore	E, MO.	2/207
Pool E		NO.	The real Cive w	AN ON DATES	215-12	- 182	6 VERA	P. AL	LEN	2102	LUK	EWOO.	D DR,
# 0.x a		18 CAUSE OF DEAT	H (Enter only)	one couse per	line for (n) (b) o	nd (c)						APPROXI	MATE INTERVAL
1		PART I. DEATH W	AS CAUSED E	BY.			IL MOX	ARY	Ala	ZRE:	ST	BEIWEEN	INSET AND DEATH
(2.83)			IMMEDIATE (CAUSE (0)	211/21	0. 1.	, , , , , , ,						
				DUE TO, OR	AS A CONSEO	UENCE OF	VASCU	1 4 17	AC	CIDI	= 44=		
5)		Conditions, if ony, gave rise to imm		(b)_(EEKE	3/20	7773201		//-	2/2/	-/0/		
A MARKET ST		cause (a), statin underlying cause	g the	DUE TO, OR	AS A CONSECU	LENCE OF	IASCH	IAR	497	SEA	SE		
the place		PART 2 OTHER SIGN	JIEIC ANT CO	10.7		-						NI INI DADT 1:-	
Service of the servic	Z			ENTZ		DEAM!	NOT RECAILD TO	J IIIE IEKANI	TAL DIVEAL	DE ON COISE	711014014	TA DATE MILL	
in i	Ĭ	19a DATE OF OPERA		_ / -		H OBERATIO	N WAS PERFORM	LED.	1 200 AUTO	OBSV2	Tank IE VES	WERE FINDIN	ICC HEED
n. n. nos b. nos b. ws or ws or	CERTIFICATION	196 DATE OF OPERA	1014	178 CONDI	HON FOR WHIC	H OPERATIO	IN WAS PERFORM	TED	YES [NOM		ING CAUSES	
sho sit	ERT	710. ACCIDENT WAS UNI	ERIVING [21b. TIME OF	FINITIRY		21c HOW INJUI	PV OCCUPPI			1		110
phys fico	_	OR CONTRIBUTING			NONTH I	DAY YEAR	11.1101111100	NI OCCORRI	TENTERNI	ATORE OF INJUR	TINTEM IS PA	RI I OR PART 2)	
SICh ag Page Cent cent cent cent cent cent cent cent c	CA	(IF EITHER NOTIFY MEDI		P.A		19					1.00		
HY ndire d w	MEDICAL	21d. INJURY OCCUR	RED	218. PLACE C	OF INJURY	EARLA STC 1	711. LOCATION			CITY OR TOV	VN	COUNTY	STATE
offer the striked	2	AT WORK NOT WE	RX	THE STATE	LET, TACTORT OFFICE	THAM ETC)							
Africa Africa		22a.1 certify that (1)	(this hospital	attended the	deceased from	6	-30-	19 87	to	7-	13-1	, 87	that (II (we) last
TEN ortal		sow the decease	d olive on	7.	-/3 -19	87,00	nd that in (my) (ou	ur) opinion d	eoth occurre	ed on the do	te and hour	and from the	couses stated
REC SEC Pot. opt. om		obove, (I) (we) (c 27b. SIGNATURE	(did not)	yew the body	olterideath		DEGREE	_				27c DATE	SIGNED
the It of the It	10.		1	5/1	Nary)	9	ATTI	ENDING YSICIAN	MEDICAL	STAF PHYSIC	F IANI FOR	7.1	3.87
PITA by By Stol		27d. PHYSICIAN'S NA	ME TYPE OR PI	RINT	-		27e ADDRESS		E127	_	, man	11 1	ENTRE
etoined by the TO FUNERAL should be det with the Stote		BUDHIN			BKAT	PAT	FL X	113E	/				MUREMA
○ p	23n F	URIAL, CREMATION.		73b. DATE			EMETERY OR CRE		1734 LOC		/		
BP		BUR	IAL	7/18/			S CHAPE		CITY	ARKS \	IILE	MAR	SVLANIO
511111	24-19	THE PALDIREPROPE	ILEY	FUN	ERAL				REC'D, BY			AR'S SIGNAT	URE
DHMH - 16 60M 7/84 (VRA 15, 4)	13	48 N.C			BACT			JUL	151	987		icadom-	



059450 JUL

STATE OF MARYLAND

	1	9	9	2	6
DEC	NO	13	,		

1						STAT	E OF MARYLAND			210	67
	1	FOR			DEPART		EALTH AND MENTAL HYG	JENE	9 9	2	4
	15	REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO.	B 3		eli-
		OR PRINT)	FIRST		MIDDLE	l	AST	20. DATE OF DEATH MON	VIH DAY	YEAR	2b. HOUR
	() THE	ORPRINT	ANNA	M	av	1	IAPPEL -	0.	7 00	187	1:35pm
	3. SEX	(4. RACE	Ca.y	S. DATE C		6 AGE (IN YEARS LAST BIRTHDA		DER I YEAR	IF UNDER 24 HRS
d		Female		White		MONTH 02	30 05	82	YRS	HS DAYS	HOURS MIN.
r	a BIF	RTHPLACE (STATE	OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9. BALTIMORE CITY OR C		DEATH	
þ	Ma	ryland		U.S.A		WIDOWE		Baltimore (City		MD.
7	10. ⊂1	TY OR TOWN OF	DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO		26 KIND ONDUSTRY	OF BUSINESS OR
ſ.		ltimore			Hospita.			I I	Iomema	ker	
d	13a. S	TATE	136 COUP		13c. CITY OR TOW		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZII			
1		ryland			Baltimon	re	YES 🚺 NO 🗌	4300 Clarev	vay 2	1213	
die	14 FA	THER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN NAM	WE		LAS	31
	Ge	orge			Mackley		Sadie		W	ooder	1
		AS DECEASED EN		MED FORCES?	166 SOCIAL SECU	IRITY NO.	17 INFORMANT	ADDRESS	2	1224	
	No		40 103,010		220-14-6	5299	Mrs. Marie	C. Nally 228	S. Ro		
		18 CAUSE OF DE	EATH (Enter or	ly ane couse per	line far (a), (b), an	d (c1.)				BETWEEN (MATE INTERVAL ONSET AND DEATH
		PARTI. DEATI		E CAUSE (a)	Congest	ave t	teart Failure			year	3
H				DUE TO, OI	R AS A CONSEQUI						
		Conditions, if		(b)	Atherosc	lerobe	cardiovascula	v disease		year	3
		gave rise to cause (a), st	lating the	DUE TO, OI	R AS A CONSEQUE	ENCE OF			V 0-5	11	,
1		underlying co	ouse lost.	(c)	Diabete	s Ald	detus type IL			Year	5
	7	PART 2. OTHER S	SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITI	ON GIVEN I	N PART 10	a
	01										
1	CERTIFICATION	198 DATE OF OPE	RATION	196. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED		L CERTIFYING		OF DEATH?
	E							YES NO	YES [NO 🗌
î		21a. ACCIDENT WAS		110110	FINJURY M. MONTH D.	AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN	ITEM 18 PART I	OR PART 2)	
3	CA	(IF EITHER NOTIFY	MEDICAL EXAMINES	p. P./		19					
ſ	MEDICAL	21d INJURY OCC		21e PLACE C	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET	CITY OR TOWN		COUNTY	STATE
		AT WORK	WORK					-10		621	
					e deceosed from_	60	129 19 87	, to			that (1) (we) last
				t) view the bady	after death.		nd that in (my) (aur) opinion	death accurred on the date o	and have and		
		226. SIGNATURE	901	0 A	M.D.		DEGREE ATTENDING	MEDICAL _ STAFF	1	22c DATE	1 1
		180	von	uu)	14.0.		PHYSICIAN [DIRECTOR PHYSICIAN	V	1/	19/87
		22d. PHYSICIAN'S			1- 1-		22e ADDRESS	171			
		20	san E	. Suhol	et, M.).	1 301 St. You	ulPI, Balt	more	MD	121202
	23a B	URIAL, CREMATIC	ON, REMOVAL	23b. DATE	23c. t	NAME OF C	EMETERY OR CREMATORY	23d LOCATION		YEAR	STATE
	Bu	rial	(a	07/13/	1987 P	arkwo	od Cemetery	Baltimore	Mary	land	
	24 FL	INFRAL DIRECTO	P				25a DAT	F REC'D BY REGISTRAPIST	PEGISEPAP	SSIANIAT	Lindle

DHMH - 16 60M 7/84

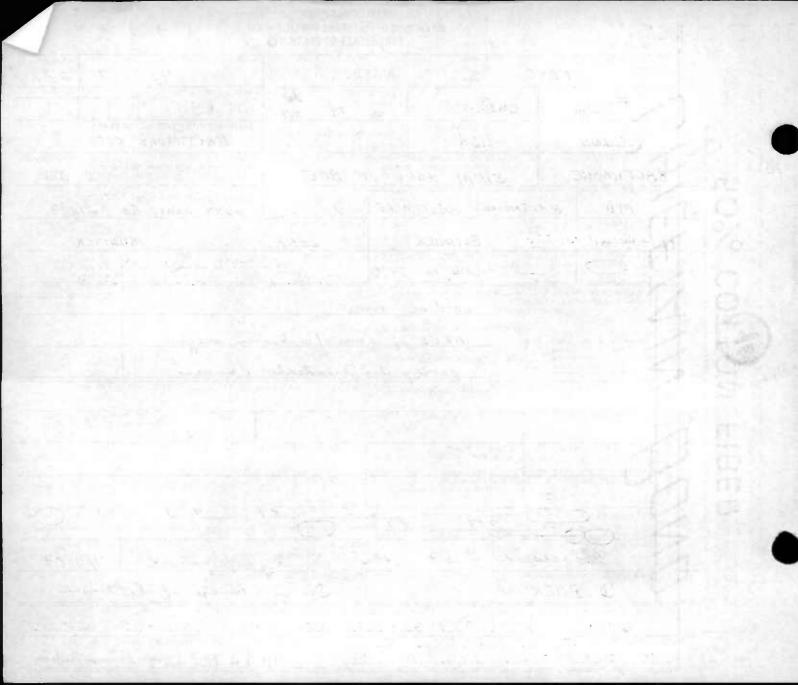
BP.

Leonard J. Ruck, Inc. Baltimore, Maryland (VRA 15, 4)

JUL 13 1987

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ASON Chancery Giving		evolution.	
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Anaferan jerentakan 188 8	mark of te		

59486 JUL	Die	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND RENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	8 / REG. NO.	9 9 5 3
oy be	(TYPE	CEASED NAME FIRST	Έ B.	NASDOR		7/7/87 26 HOUR 2'6 A,
ige 4 mo	3. SE	FEMALE	CAUGASIAN	S. DATE OF BIRTH MONTH DAY	6 AGE (IN YEARS LAST BIRTHE	MONTHS DAYS HOURS MIN.
nerol di nn 72 hor		RTHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	BACTIM	COUNTY OF DEATH
by the fulled with	1	ALT IMORE	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET, SINAL HOS	G HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W HOUSEWIFE	NORKING LIFE) INDUSTRY AT HOME
AND 217	13a. S	MD BA	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 13c. CITY OR TOW LTIMORE BALTIN	N 1134 INSIDECITY LIMI		
MARYL ed withii and 2 sl	PH	THER'S NAME	BLINDER	15. MOTHER'S MAIDE FIRST LEN	MIDDLE	MONIKER
LTIMORE, I be execut ion and ca irs. Pages 1		YES, NO ORUNKNOWN) (IF YES, GIV	RMED FORCES? 166 SOCIAL SECU VE WAR OR DATES) 216-12-	3970 6644 SAN	MR. DAVID NASDO	DR APT. F MD 21209
S. 201 W PRESTON ST. BA	7	PART I. DEATH WAS CAUSE	DUE TO, OR AS A CONSEQUE (b) ARDS DUE TO, OR AS A CONSEQUE (c) PORTO	arrest NCE OF fever of un	known origin ted cancer TERMINAL DISEASE OR CONDIT	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ALRECORD the low veep on the low veep on the low veep the	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? YES □ NO ✓	206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
DIVISION OF VIT. Se attending physics After this certificals and After the secondary of the the second	MEDICAL CER	21a, ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEP (IF EITHER NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK ALWORK	P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F.	19 211 LOCATION	CCURRED (ENTER NATURE OF INJURY I	
SHITAL OR ATTEND by the hospital is VERAL DIRECTOR to detoched for use 5 store Dept. of the AMI. If them 21 in m	1	saw the deceased alive an above (I) (we did) (did no 22b SIGNATURE	itoly attended the deceased fram— 7 19 I view the body after death. OR PRINT)	DEGREE ATTENDI PHYSICI 22e ADDRESS	NG MEDICAL STAFF	22c DATE SIGNED
TO HOSPIT resulted by to FUNER should be with the 30	1230 E	D BOE	RSMA 236 DATE 236 N	Sena IAME OF CEMETERY OR CREMAT	ORY 1236 LOCATION	& Baltimore
BP		BURIAL	JULY 8, 1987 BE	TH YEHUDA ANSHE	KURLAND BALT	CIMORE MARYLAND
DHMH - 16 60M 7/B4 (VRA 15, 4)		OLO REISTERSTOWN	LEVINSON & BROS. N RD. BALTO., MI		DATE REC'D. BY REGISTRAR 25	Julia Davidson. Randales



060968

FOR

JUL

lled in by the funeral director, page 3 and be filed within 22 hours ofter death

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO.	9	4
E OF DEATH	 0440	2 VEG

1 81	REGISTRAR HEL	EN NAS	SH		CERTIF	ICATE OF DEATH	REC	3. NO.	7 7	2
	EASED NAME	FIRST	4	NIDDLE	KI	ASH	20 DATE OF DEAT	H MONTHY	DAY24 1687 24 87	
							& AGE (IN YEARS LA	07	IF UNDER I YEAR	~
3. SEX	FEMALE	1	RACE		S. DATE C		AGE (IN YEARS LA	SI SWIHDAY)	MONTHS DAYS	
A			WHITE		OCT	OBER 31, 1917	69	YRS		
	THPLACE (STATE OR FO	DREIGN 76	CITIZEN OF V	WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9 BALTIMORE CIT	Y OR COUN	TY OF DEATH	
MA	RYLAND		U.S		WIDOWE	DXX DIVORCED	BA	LTIMORE	CITY (MD
10 CIT	Y OR TOWN OF DEAT	TH 11		OSPITAL, NURSING		OR OTHER INSTITUTION	12a USUAL OCCU			OF BUSINESS OR
500	LTIMORE	/	ST. AG	NES HOSPI	TAL		HOUSEWI			ME
USUA 13a. S	L RESIDENCE (IF NURSIN	G HOME OR OTH	HER INSTITUTION	GIVE RESIDENCE BEFORE		134 INSIDE CITY LIMITS?	13e.STREET ADDRE	SS / 7IP CO	DE	L. Commercial
	RYLAND	BALTI	,	CATONSVI		YES NOXX	2 HOWAI			1228
14) FA	THER'S NAME					15 MOTHER'S MAIDEN NA	ME			
1	URIAH	MID	DIE.	RIGGS		GERTHE!	MIDD	ı.E		DER
	'AS DECEASED EVER II	N U.S. ARME	D FORCES?	16b SOCIAL SECUI	RITY NO.	17 INFORMANT	Al	DDRESS		
11	ES. NO OR UNKNOWN)	(IF YES GIVE W	AR OR DATES)	212-05-2	220	LITTITAM II	DICCC		RD AVENU	
NO						WILLIAM W	. KIGGS (ATUNSV	VILLE, M	ID. 21228 EXIMATE INTERVAL N ONSET AND DEATH
	18 CAUSE OF DEATH PART I. DEATH WA	AS CAUSED B	one couse per	CARDIO		MONARY A	RREST		BETWEEN	ONSET AND DEATH
		IMMEDIATE (AUSE (o)	CHRUIU	PUL	MONAL H	KK62			
			DUE TO, OF	R AS A CONSEQUE	NCE OF	REPSIS			1	1. och
	Conditions, if ony,		(b)		- 1	Ch 212			(week
	gove rise to imme		DUE TO, OF	AS A CONSEQUE	NCE OF	LIVER + GENE	CERLIA DE	I ATTOS	STACIC I	14
	underlying couse	lost.	(c)			TIVEK LACINI	Jener 30 y	MEIN	ו בינוויב	month
	PART 2 OTHER SIGN	IFICANT CO	NDITIONS CO	NTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR	ONDITION	GIVEN IN PART 1	10
O										
CERTIFICATION	190 DATE OF OPERAT	ION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		ES, WERE FIND	
표							YES NO		TIFYING CAUSE	S OF DEATH?
ERT	21g. ACCIDENT WAS UNDE	ERLYING	21b. TIME O	FINJURY		21c HOW INJURY OCCUR				
	OR CONTRIBUTING C		HOUR A.	M. MONTH DA	Y YEAR					
MEDICAL	(IF EITHER NOTIFY MEDIC		P./		19	211 LOCATION				
VED.				OF INJURY BET FACTORY OFFICE FA	ARM, ETC)	STREET	CITY	OR TOWN	COUNTY	STATE
	AT WORK NOT WHIT	it L								N 10
	22a.1 certify that (1) (accessed fight	JULY	17 1987			19.87	, that (I) (we) lost
	sow the deceased	d olive ons id) (did not) v	TULY 2	17.3	, 01	nd that in (my) (our) opinion	death occurred on t	he date and h	out and from th	e couses stated
	226. SIGNATURE	./				DEGREE			22c. DAT	ESIGNED
	X	1/m) DES	WARI	ATTENDING PHYSICIAN [MEDICAL DIRECTOR PH	STAFF		
	22d. PHYSICIAN'S NA	MÉ TTYPE OR PR	RINT)	1,00				SPITAL	-	
	BOON	PL	IM.			900 CATO			MD:	21229
22- 0	URIAL, CREMATION, R		23b. DATE	[22. N	IAME OF C	EMETERY OR CREMATORY	1734 LOCATION		1	-
(3	SPECIFY)	REMOVAL					CITY OR TOV	N	COUNTY	STATE
	RIAL		7/27/		-	VIEW MEMORIAL		SVILLE	CARROL	
2LE	ROYMENT & R	USSELL	C. WI	TZKE ADEJUNE	RAL I	HOMES P.A. 250 DA	TE REC'D. BY REGIST	RAR 256 REG		Part and the second
				TONSVILLE			F 91 1	1	to a matigram	Kandalik

DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL

BP.

IMPORTANT: If Hem 21 is morked or Hem 18 shows ony injury, or other troumotic event.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending should be detached for use as the burial-transit permit. Then please remove carbowith the State Dept. of Health and Mental Hygiene prior to burial, cremation, as re-

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH CEASED NAME 20 DATE KNOWN (TYPE OR PRINT) ESTI-AL DIRECTOR.
YOUR FILES.
IN 72 HOURS CHARLES F. NAVRATIL 19 87 DEATH MATED X 13 4 RACE IF UNDER 1 YR. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 24 HRS. 2d HOUR 2c DATE 2-25-28 LAST BIRTHDAY) PRONOUNCED White 59 Male 19 87 13 1PM FUNERAL 5 FOR YC BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY) MARRIED X NEVER MARRIED USA Maryland Baltimore City WIDOWED | DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 20 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE)
Retired-American (an Company (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
2717 Fait Ave. Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 2717 Fait Ave. Baltimore Maryland 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Unknown Sadie Charles Navratil 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (YES, NO, OR UNKNOWN) LIFYES GIVE WAR OR DATEST 220-20-2277-A Thelma Navratil 2717 Fait Ave. WW TT Yes 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypertensive arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMPLE DEFENDED BE SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMPLE DEFENDED BE USED AS A BURRAL FOR DEFENDED BE USED THE STATE DEPARTMENT OF HEALTH AND ME BALTIMORE, MARYLAND, 21201 PRIOF TO BURRAL. CREMATION DEFENDED TO THE STATE DEPARTMENT OF HEALTH AND ME BALTIMORE, MARYLAND, 21201 PRIOF TO BURRAL. CREMATION lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NOX 71g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 211 LOCATION STREET, FACTORY, FARM, ETC.1 CITY OR TOWN STATE WHILE AT WORK Inspection X 22a. I certify that I took charge of the remains described above, held an Natural causes X Homicide ___ death resulted from: Accident Undetermined monner TITLE (SPECIFY) ACTUAL Deputy Chief 7-14-87 SIGNATURE EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St., Balto., MD 21201 (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION 73c NAME OF CEMETERY OR CREMATORY

07/84

DHMH - 17

(VR A15 ME (5))

Burial 7-16-87 24 FUNFPAL DIRECTOR Duda-Ruck Funeral Home of Dundalk

7922 Wise Ave. Dundalk, MD 21222

St. Stanislaus

6

Baltimore Maryland

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

SEAL STREET, TOTAL		

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

1	1 9	9	5	(
REG. NO			- 7	

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

	DECEASED NAME FIRST	M	DDLE		AST	20. DATE OF DEATH	MONTH	DAY YEAR	26 HQUR
1.	Mary	L.	N	aylor		200-1	23	1987	1630 M
3.	SEX SEX	4 RACE		5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST I	BIRTHDAY)	IF UNDER LYEA	R IF UNDER 24 HRS
	Female	Whit	e	July	y 12, 1903 a	84	YRS	MONTHS BATS	HOURS MIN.
1	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF V	VHAT COUNT	RY? 8	D NEVER MARRIED	9 BALTIMORE CITY	OR COUN	TY OF DEATH	
2	Maryland	USA		WIDOWE	DIVORCED	Baltimore			MD.
A.	Baltimore City	Union Union	Memoria	al Hosp	ital	120 USUAL OCCUPA (TYPE OF WORK FOR MOS! Homemake)	TOF WORKING	12b. KIND INDUSTR	OF BUSINESS OR
113	DUAL RESIDENCE (IF NURSING HOME OF A STATE 13b COL		13c. CITY OR T		13d INSIDE CITY LIMITS? YES [X] NO [oe Avenue	21212
1	William F. Le	ewis	LAST		15 MOTHER'S MAIDEN NA/	Blouse MIDDLE		t	AST
160	WAS DECEASED EVER IN U.S. A	RMED FORCES?	16h SOCIALS		17. INFORMANT	ADD	RESS		
	NO NO OR UNKNOWN) (IF YES, G	NE WAR OR DATES	212 03	3 2563	James A. Nay	lor 4024 H	lickor	y Avenu	e 21211
F	18 CAUSE OF DEATH (Enter of	only one cause per l	ne for (a). (b)	ond ic					DXIMATE INTERVAL NONSET AND DEATH
	PART I. DEATH WAS CAUS	SED BY:	CARO	^	TRANS				minde
	IMMEDIA	ATE CAUSE (0)	-	131					
	Condition if you which	DUE TO, OR	AS A CONSE		Henr	FATELINE		5	75
	Conditions, if ony, which gove rise to immediate couse o), stating the	DUE TO, OR	AS A CONSE		(- (1 - 1	- Treme			
	underlying couse lost	(c)	-1,70	. 2		11.50			
1	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	NTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CO	NDITION G	IVEN IN PART 1	10
0	Priesuma	n V	12052	2129					
73	190. DATE OF OPERATION	196 CONDIT	ION FOR WH	ICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?		ES, WERE FIND	
CERTIFICATION						YES NO		TIFYING CAUSE YES []	S OF DEATH?
		LIOUS AA	NJURY NONTH	DAY YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF IN.	JURY IN ITEM 18	PART I OR PART 21	
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMIN			19	211 LOCATION				
MEZ	WHILE NOT WHILE D	21e. PLACE C	ET, FACTORY, OFF	ICE, FARM ETC)	STREET	CITY OR I	NWOI	COUNTY	STATE
	220 1 certify that (1) (this hosp	oital) attended the	deceosed fro	1-10C m	7 1987	10_ JUI-1	23	19 507	, that (It (we) lost
	sow the deceased olive o obove, (I) (we) (did) (did n	n \ul	23 1	9 87.01	nd that in (my) (our) opinion o	death occurred on the	dote and he	our and from th	e couses stated
	22b. SIGNATURE	di view me body c	iffer dearn		DEGREE			22c. DAT	ESIGNED
	eva .	venh	MO		ATTENDING PHYSICIAN	MEDICAL ST.	AFF	301	1 23 (99)
1	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	-/		22e ADDRESS] DIKECIOK [] FHIS	ICIAIN [3		
	Eva Hersh,MD				Union Memori	ial Hospita	al		
23	BURIAL, CREMATION, REMOVA	L 23b. DATE	2	3c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION			
	Burial	07/27/8	37	St. Mar	v's Cemeterv	Baltimor	e. M	lary land	STATE

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR

Burgee-Henss Funeral Home 3631 Falls Road 21211

and the second second

that the death cerifore be-

ATTENDING PHYSICIAN: The low

retained by the hospital or attending physician.

BP.

5954

completely filled in by the funeral director. ps.1 and 2 should be filed within 72 hours after

STATE OF MARYLAND

8	I _{REG} N	10.	9	9	5
TE O	FDEATH	MONTH	DAY	YEAR	7h HOU

/	17	FOR STATE REGISTRAR		DEP		HEALTH AND MENTAL HYG	SIENE 8	TREG NO	o.	9	9	5	1
9		CHARL	ES	WIDDLE		EAL		LY 6,		7	YEAR	26 HOU 12	: 08
	3. SEX	MALE	4. RACE BL.	ACK	5. DATE (OF BIRTH DAY 22 12	6 AGE (IN)	FEARS LAST BIRT	YRS.	IF UNDE	DAYS	IF UNDER	24 HRS MIN.
gt ance	7a BII	RTHPLACE (STATE OR FOREIGN OUNTRY) W. VA	76 CITIZEN OF		MARRIE WIDOW	ED NEVER MARRIED DEDXX DIVORCED		RECITY O	_				MD
S S		TY OR TOWN OF DEATH ALTIMORE	THE J	HOSPITAL, NI ICH FACILITY, GIVE OHNS	URSING HOME (STREET ADDRESS) HOPKINS	OROTHER INSTITUTION HOSPITAL		OCCUPATION FOR MOST OF			KIND OI USTRY	F BUSINE	SSOR
rmust be	130 S MD			13c. CITY OR BALTIN	RTOWN	13d. INSIDE CITY LIMITS?		ADDRESS /			t. <i>P</i>	pt.	212
exomine		THER'S NAME FIRST	MIDDLE	NEAL		LAURA	ME	WIDDLE		NE	AL LAST		
medico		VAS DECEASED EVER IN U.S. AF ES NO OR UNKNOWN) (IF YES, GI NO	RMED FORCES? VE WAR OR DATES!	100	3-3249	LORRAINE WII	LLIAMS	BOX 20					
event, the		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS)	nly one couse pe ED BY: .TE CAUSE (o)	CAROI	opulm	ONARY ARR	EST			0	APPROXIMET WEEN O	MATE INTER	1
ather traumatic		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last.)		SEQUENCE OF	Ν					14 0	LYA	S
injury, or	NOIL	PART 2 OTHER SIGNIFICANT CORONAR	Y DRT	ERY	DISEAS	E							
no sou	CERTIFICATION	19a DATE OF OPERATION	196 CONE	DITION FOR W	VHICH OPERATION	ON WAS PERFORMED	YES [Don		IFYING C	CAUSES	GS USEI OF DEAT	TH?
Item 18 s		210 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE	ATH HOUR A	OF INJURY I.M. MONTH P.M.	H DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NA	ATURE OF INJUR	RY IN ITEM 18	PART I OR	PART 2)		
arked or	MEDICAL	216. INJURY OCCURRED WHILE DOT WHILE AT WORK		OF INJURY TREET, FACTORY, O	OFFICE, FARM, ETC.)	211 LOCATION STREET		CITY OR TO	wn	COI	VINIY	S	STATE
21 is mo		sow the deceased alive or obove (1) (we) (did) (did no	716		Section 1	nd that in (Ny) (our) opinion	deoth occurre	ed on the do	ote and ho	ur ond fr			we) lost oted
JT: If them		226 SIGNATURE REPORT	6			DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR	PHYSIC	MAI		7/6	187	
IMPORTANT		226. PHYSICIAN'S NAME (TYPE R ZIEGE	STEIN			JOHNS H	lopkii	NS H			LTO		205
4	(surial, cremation, removal Specify Burial	236. DATE 7/11/	87		ORE CEMETARY	236. LOC. BAL	TIMORE,	MD.	COUN			STATE
A 7/84		UNERAL DIRECTOR WM. C. MARCH F/H 1	101 E. No	rth Ave.	DRESS	JUL	1 0 19	87	25b. REGIS	TRAR'S	SIGN PI	JR	

DHMH - 16 60M 7/84 (VRA 15, 4)

196 THE REAL PROPERTY OF THE PROPERTY OF 201 1 0 1937 (CLYCLA 18 14L

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	SIA	IE UT M	AKTL	ANU	
DEPARTMEN	IT OF	HEALTH	AND	MENTAL	HYGIENE
(ERT	IFICATE	OF	DEATH	

REG. NO. 9

-	2 2						# KEG. 140	2.		7.75	
1		CEASED NAME OR PRINT) ANNA	FIRST CLA FIRST	MIDDLE		AST	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR	R
ı								07/31/87		3:00	PM
1	1 SEX	Female	4 RACE	White	5. DATE C		6 AGE (IN YEARS LAST BIRT	MONTHS	DAYS	HOURS	MIN.
1	9. DIC		21.022		Mar	. 9 12	75	YRS	TATU .		
COUNTRY)				EN OF WHAT COUN	MARRIEI	NEVER MARRIED	9 BALTIMORE CITY OF BALTIMORE		AIR		
4	10 CI1	Marylar TY OR TOWN OF DEA		USA ME OF HOSPITAL, NU	RSING HOME C	D DIVORCED DIVORCED	120 USUAL OCCUPATION 12b, KIND OF BUSINESS OR				
	BA]	LTIMORE CI	TY ST.	"AGNES" HOS	SPITAT)		Machine Ope		oustry nsign	nia E	mbr.
	13a. S	L RESIDENCE (# NURS TATE arvland	136 COUNTY	136 CITY OR Balti		134 INSIDE CITY LIMITS?	13e STREET ADDRESS / 1234 Haver		d 2	1220	
4	_	THER'S NAME		Daren	IIOTE	15 MOTHER'S MAIDEN NA		IIIII NOA	4, 2	1223	
		William	S.	Buri		Annie	WIDDLE		Sch	ramm	
1		AS DECEASED EVER			SECURITY NO.	17 INFORMANT	ADDRE	SS			
1	(4	ES. NO OR UNKNOWN)	(IF YES, GIVE WAR OR D		7-5662	Albert G. Ne	eeder, 1234	Haverhil	1 Ro	ad	
1		18 CAUSE OF DEAT	H (Enter only one co	use per line for (01, (b	o', and (c'.)				APPROXI	MATE INTERV	HIAJO
1		PARTI. DEATH W	USE OF DEATH (Enter only one couse per line for (0), (b), and (c). RT I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Sep S (2 7 Q						Chap		
1		DUE TO, OR AS A CONSEQUENCE OF									
1		Conditions, if any, which (b) The union (a)									
ı		couse (a), statin	(a), stating the DUETO, OR AS A CONSEQUENCE OF								
	(10)		- ((c)	TO DEATH BUT	NOT BELATED TO THE TERM	AINIAI DISCASCOR CONI	DITION CIVEN IN	DART 1		=
	Z O	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110									
	CERTIFICATION	190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED				N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE			
-	RTIF	71a. ACCIDENT WAS UNI	DEBLYING TO 1914	TIME OF INJURY	14-67	21c HOW INJURY OCCUR	YES NO	YES 🗌	0.01.01	№ □	
1		OR CONTRIBUTING	CAUSE OF DEATH	DUR A.M. MONTH	DAY YEAR	THE HOW INJOKY OCCOR	LED LENIER NATURE OF INJUR	Y IN TEM IS PART TOR	PARI 2)		
	MEDICAL	216 INJURY OCCUR	RED 21e	PLACE OF INJURY		211 LOCATION	CITY OR TO	wn cc	OUNIY	51	ATE
	>	AT WORK NOT WE	THE .		The France of						
				ided the deceased fi		Ly 4, 19.87		19.8		that (I) for	
	H	sow the deceased alive an 1997, and that in (my) (aut opinion death accurred on the dave and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death.									
		225 SIGNATURE	11. Or	1000	L	DEGREE ATTENDING	MEDICAL STAF	F	DATE	SIGNED	87
-		22d. PHYSICIAN'S N	AME (TYPE OR PRINT)	rac		PHYSICIAN [DIRECTOR PHYSIC	IAN	100-	121/	-
		Sabah	AL-AH	tar			nes Hosp	oital			
		SURIAL, CREMATION,				EMETERY OR CREMATORY	236 LOCATION	COUN			ATE
		Buria	1 8	/4/87	Loudon 1	Park Cemetery				Maryl	and
		Diveral director	ral Dome	Tng 410	RESS		TE REC'D. BY REGISTRAR	DO. REGISTRAR'S	SIGNAT	URE	
	HUL	mara rune.	rai nome,	IIIC., 410	11 MITKE	is ave.	3 1987 /	die Arie	-		

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT: If them 21 is marked or Item 18 shows ony

	a.	
)	death.	
	rs offer o	
	hours	
	24	
	within	
	be executed within 24 hours	
	be	
	certificate be	
	death c	
	the	
	urres that the d	
	ow requires	
	30	
	The	001
	TENDING PHYSICIAN:	hospital or ottending physicia
	S	1
	OZ.	0
	ATTE	Chicast.
	-	-

STATE OF MARYLAND

DATE OF BIRTH

MARRIED NEVER

113d INSIDE

YES |

15 MOTHER

17 INFORM

21c HOW

211 LOCAT

and that in (m

22e ADDRE

DEGREE

MONTH

WIDOWED

MAME OF HOSPITAL, NURSING HOME OR OTHER IN

13c. CITY OR TOWN

LAST

166 SOCIAL SECURITY NO

216-54-5789

196 CONDITION FOR WHICH OPERATION WAS PERF

HOUR A.M. MONTH DAY YEAR

AT HOME STREET FACTORY OFFICE FARM, ETC 1

BALTO.

NEGRIN

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1902

7	9 BALTIMORE CITY	OR COUNTY O	F DEATH	
MARRIED A	L.al.	7'-		
NORCED [PARCED (uly		MD.
NOITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST		126 KIND OF	BUSINESSOR
ne	NONE		NO	NE
CITY LIMITS?	13e STREET ADDRESS	/ 7IP CODE		
NO 📉	3947 SOUTH		OSS DR.	#21207
'S MAIDEN NAM	MIDDLE		LAST	
IMA			NEGRI	N
MR.	JACQUES AND	AH		
REISTER	RSTOWN RD.	BALTO.	MD	21208
			APPROXIMA BETWEEN ON	ATE INTERVAL
			200	Coleo
0	0	_		1)
both	Keet		LAN	Ules
CU CO	4/	-		
Vasci	la des	rease		
D TO THE TERM	INAL DISEASE OR COM	DITION GIVEN	V IN PART Lin	
o to the remit	. The Disease on co.			
ORMED	20g AUTOPSY?	20b. IF YES. V	WERE FINDING	GS USED
			NG CAUSES C	
NUIDY OCCUPE	YES NO	YES		NO 📗
NJURT OCCURR	ED (ENTER NATURE OF INJ	JRY IN STEM IS PAR	I I OK PART 2)	
		100		
ION	CITY OR TO	OWN	COUNTY	STATE
, ,		11.		~
10 8	L, to	11 19	A I th	ot (I) (we) lost
(our) opinion	death occurred on the c	late and hour o		
		-	122c DATE S	
ATTENDING	MEDICAL STA		17/	12/02
PHYSICIAN [DIRECTOR PHYSI	CIAN	1/1	401
SS			/	1
VINDALE	- BALTO.,	MD 21	215	
CREMATORY	23d LOCATION	ממי	COUNTY MAD	OF ANIES
BREW	BALTIMO	KE	COUNTY MAR	YLAND
25a. DAT	E REC'D. BY REGISTRAL	256 REGISTRA	B'S SIGNATU	RE dass
F 333	1 4 1987	Gulia d	Jandur-K	
	- 1001			

REG. NO

YEAR

IF UNDER I YEAR

7h HOUR

IF UNDER 24 HRS

2a DATE OF DEATH

6 AGE (IN YEARS LAST BIRTHDAY)

FOR

- STATE

(TYPE OR PRINT)

70. BIRTHPLACE

COUNTRY

LINUAL RESIDENCE 13a STATE

MARYT AND

NO

CERTIFICATION

MEDICAL

WHILE

226. SIGNATULE

SPECIFY BURIAL

14 FATHER'S NAME

10. CITY OR TOWN OF DEATH

EIRST

(YES, NO OR UNKNOWN)

3. SEX

L DECEASED NAME

REGISTRAR

EMALE

MENACHEM

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I DEATH WAS CAUSED BY

Conditions, if ony, which

gove rise to immediate couse to), stoting the

underlying couse lost.

19a DATE OF OPERATION

210. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

INFEITHER NOTHEY MEDICAL EXAMINER 21d INJURY OCCURRED

22d. PHYSICIAN'S NAME ITYPE OR

NOT WHILE

113b COUNTY

4. RACE

BALTO.

MIDDLE

(IF YES, GIVE WAR OR DATES)

IMMEDIATE CAUSE 10

22a I certify that (V) this haspitall attended the deceased from

STEVEN LEVERIN, M.D.

DUE TO, OR AS

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELATE

216. TIME OF INJURY

P.M

21e PLACE OF INJURY

18 CAUSE OF DEATH (Enter only one couse per line for to

USA

WHITE

76 CITIZEN OF WHAT COUNTRY?

director page 3 hours ofter death impletely filled in by the funeral and 2 should be filed within 72 h camp nding physicion and cam carbonoapers. Pages 1 a or removal. otte en signed by the a Then please rema or to buriol, cremat 5 certificate hos been should be detached for use as the burial-transit permit. I with the State Dept. of Health and Mental Hygiene prior sho morked or Item 18 TO FUNERAL DIRECTOR: MPORTANT: If Item 21 is BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR +VINSON

23a BURIAL, CREMATION, REMOVAL

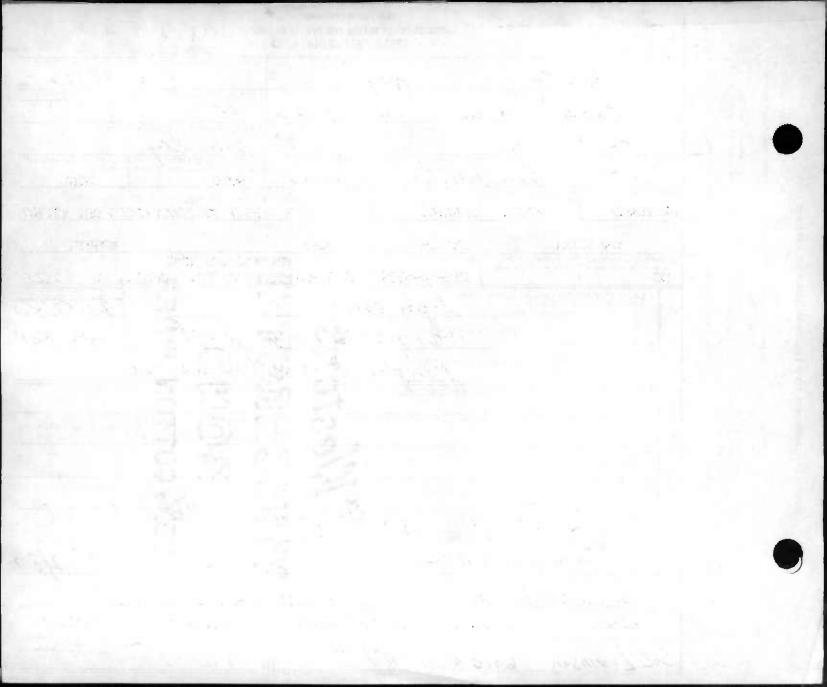
6010 Reist

JULY 13,1987

#21215

23¢ NAME OF CEMETERY OF

BALTIMORE HE



STATE OF MARYLAND

DEPARTMENT OF HEALT CEDTIELCA

Н	AND	MENTAL	HYGIENE	
TE	OF	DEATH	8 7	REG NO.

I	an i	TATE GISTRAR	DEPAKI		FICATE OF DEATH	"7	9 9	6	0
1		BEASED NAME FIRST	WIDDLE		LAST	20 DATE OF DEATH	MONTH DAY	YEAR	2b HOUR
ı	(TYPE	OR PRINT)	111 1	la inc	Sm.	50	14 28	198	- 1752 0.
ı	3. SEX	Frank	4 RACE	5 DATE	OF BIRTH	6. AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS
1		Na 1	Black	MONT	H DAY YEAR	117	MON	THS DAYS	HOURS MIN.
	Za OII	RTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF WHAT COUNTRY	04	1-14-40	9. BALTIMORE CITY C	YRS.	DEATH	
3	C	OUNTRY)	U, S.	MARRIE	ED NEVER MARRIED	V. BALTIMORE CITY C	K COUNTY OF	DEATH	
2		lorgenea		WIDOWI		V 4	V		MD.
	1	TY OR FOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE FRANCIS SCOTT	TADDRESS)	MED. CENTER	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST C		INDUSTRY	OF BUSINESS OR
ì	13a. S	L RESIDENCE (IF NURSING HOME OF TATE 136 COUR	OTHER INSTITUTION GIVE RESIDENCE BEFO		113d INSIDE CITY LIMITS?	13e STREET ADDRESS	/ 7IP CODE		21206
1		ARYLAND =	BALTIN		YES NO	4814 TR		= AVE	
٦	14. FA	THER'S NAME			15. MOTHER'S MAIDEN NA	ME			
d	CV	S)(U)	NEVERSON	1	Luce	MIDDLE	NEVE	LAS	51
4	160. W	AS DECEASED EVER IN U.S. AR			17 INFORMANT	ADDRI		~	
١			E WAR OR DATES)	-1115	Chart				
ı	-		1226.48	41//	0,4,0,			A 000027V	COLLEGE IN COLUMN 2
ı		18 CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE	nly one couse per line far (a), (b), a	nd (c)	A			BETWEEN	OMATE INTERVAL
Ì			TE CAUSE (a)	Falla	CHITEST			700	ays
ı			DUE TO, OR AS A CONSEON			- 1		16.1	U
		Canditians, if any, which	(16) Adult 1	(esp	ratory Vist	ress Synds	-ane	700	ays
1		gave rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEON	JENICE OF		U		41	
		underlying cause lost.	(Hyper	Hern	179			1 d	ays
		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	FNOT RELATED TO THE TERA	AINAL DISEASE OR CON	DITION GIVEN	IN PART 1	0.
	CERTIFICATION	Die	abetes.						7-1
ř.	CAI	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	206. IF YES, W		
	35					YES NO	YES []	NO [
Į	8	210. ACCIDENT WAS UNDERLYING	LIQUID A MA MONITUL I	NAM WEAD	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM IB PART	OR PART 2)	
ř.	¥	OR CONTRIBUTING CAUSE OF DE.		DAY YEAR	113 1 1 1 1				
1	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY		211 LOCATION				
1	×	AT WORK	(AT HOME, STREET, FACTORY, OFFICE	FARM, ETC)	STREET	CITY OR TO	WN	COUNTY	STATE
1	N.H		ital) attended the deceased from	504	24 19 87	to July 2	7 10	87	that (I) (we) lost
1		saw the deceased olive on	er. (30		d that in (my) (aur) opinion	, 10			, , , .
1			t) view the bady ofter death		DEGREE			22c. DATE	
1		1. O	12 00		47754164	MEDICAL STA	FF \	7/2	200
		Warren W.7	Exemblem	10	ATTENDING PHYSICIAN	DIRECTOR PHYSIC	IAN	1/12	8/8/
		22d. PHYSICIAN'S NAME (TYPE C	OR PRINT)		22e ADDRESS	1 1 7	14 100	212	211
		Warrien D. 1	Cosenblum		4770 East	un Ave Ro	To, PLD	2160	7
	23a B	URIAL, CREMATION, REMOVAL			CEMETERY OR CREMATORY	23d. LOCATION		ciones	2000
	1	EMOUAL	1/3/187 4	HATEN	nt. Bot. Chu Con	a. Suffe	V	U.	uaria.

DHMH - 16 60M 7/84

(VRA 15, 4)

NEMOVAL

24 FUNERAL DIRECTOR
E. M. Phichps

1721 N, monne St,

THE REAL PROPERTY.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	REGISTRAR		CERTIFIC	ATE OF DEATH	8 REG. NO	10041
T	DECEASED NAME FIRST	MIDDLE	LAST		20 DATE OF DEATH MONT	H DAY YEAR 26 HOUR
L	(TYPE OR PRINT) MARIE	ANNETTE	NEL	UMAN	Γi	11 87 3 35 ,
ł	SEX	4. RACE	5. DATE OF I	BIRTH YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	
L	F	W	5	3 1	76	YRS. MONTHS DAYS HOURS MIN.
17	BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTS	RY? 8	1 4500	9 BALTIMORE CITY OR CO	
1	HARVLAND	U.S.A.	WIDOWED	NEVER MARRIED X	BAITO.	CITY MD.
T	CITY OF TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	RSING HOME OR		120 USUAL OCCUPATION	126. KIND OF BUSINESS OR
4	BALTIMORE	JOSEPH RI	CHEV	HOUSE	3 Choo Teac	KING LIFE) INDUSTRY
ľ	SUAL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION, GIVE RESIDENCE BE		IN INSIDE CITY LIMITS?	13e STREET ADDRESS / ZJP	CODE
1	MD	BALT		YES X NO	524 N. CHA	FRLES ST. 21201
P	C FATHER'S NAME	MIDDLE .LAST	15	MOTHER'S MAIDEN NAM		
1	E. A	UTHOR NEW	IMAN	PEARL	WIDDLE -	PATTERSON
ľ	60 WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (# YES, GIV	RMED FORCES? 166 SOCIAL SE	ECURITY NO. 17	INFORMANT	ADDRESS	
L	No	213-76	-3778	MIRIAM N	EWMAN	
ſ	18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one couse per fine for (a), (b),	ond (CT)	. /	1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Ł		TE CAUSE (o)	ces	Elsafor	AVVES.	Zomuntes
П		DUE TO, OR AS A CONSEC	QUENCE OF	./1-		
П	Conditions, if ony, which	(b)	Whe fac	Steple Ca	selliona	Zimos.
П	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEC	MENCE OF		1	
ı	underlying cause last.	1 01 -	Lucea	escupula	· Cerus	
L	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING T	O DEATH BUT NO	OT RELATED TO THE TERMI	NAL DISEASE OR CONDITION	N GIVEN IN PART 110
J	Ď.					
	19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHI	CH OPERATION V	VAS PERFORMED	200 AUTOPSY? 206.	IF YES, WERE FINDINGS USED
	42 14 14				YES NO	CERTIFYING CAUSES OF DEATH? YES NO
	OR CONTRIBUTING CAUSE OF DE	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR 2	It. HOW INJURY OCCURRE	ED (ENTER NATURE OF INJURY IN ITE	M 18 PART I OR PART ?)
E	IF EITHER NOTIFY MEDICAL EXAMINER		19			
L	(IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	21	If. LOCATION	CITY OR TOWN	COUNTY STATE
1	NOT WHILE AT WORK	TAT HOME, STREET, FACTORY, OFFIC	CE, PARM, ETC.)	JIKEL	CHTOKIOWN	COONIT
П	22a I certify that (I) (this hospi	(attended the deceased from	m_ 4-	18 87	_, to > ~ //	. 19 6 , that (It (swe) last
L	sow the deceased alive on above. (1) (we) (did) (did) and	t) view the body differ death.	and ti	hat in (my) (ew) opinion de	eath occurred on the date and	d hour and from the causes stated
П	17h SOGNATURE	12 1)	Dec	SAEE		22c DATE SIGNED
1	(coules of	Lacu	· ai	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	7-15-87-
1	THE PHYSICIAN'S NAME INTO	(FEHD)	27	ADDRESS	- /	
	Kobert	C. LINWIN		828 N	. tutaus	1- Falso. Ald 21201
73	BURIAL, CREMATION, REMOVAL		NAME OF CEM	ETERY OR CREMATORY	23d LOCATION	
	Burial	7-15-87	LORRAIN	Ne PARK COM	BAITIMARY	BAILS Ma
24	FUNERAL DIRECTOR		1 1	W. FRIEND THE PATE	REC'D BY REGISTRAR 251 RE	GISTRAP'S SIGNATURE
L	M. KATHRYN CAN	BV 12590 Jnd	an Will	DR. Md JIII	13 1987 gul	ia Dividers-Readalle

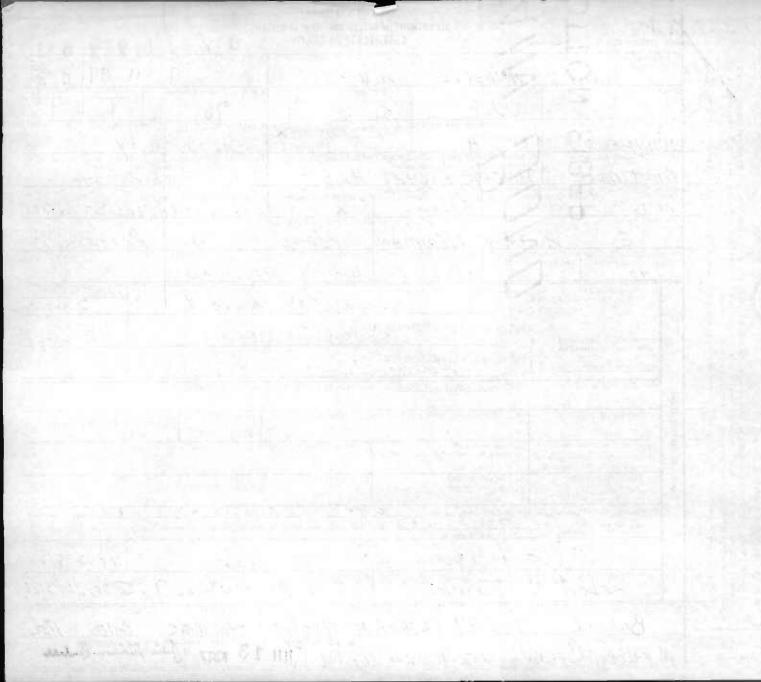
DHMH - 16 60M 7/84 (VRA 15, 4)

BP

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending bhysic should be detached for use or the burnal-trainit permit. Then please remove contampoper with the Store Dept. of Health and Mental Hygens prior to burial, cremation, or removal.

MPORTANT, If hem 21 is marked as hem 18 shows any

injury, or other troumatic event, it



061168

	DEPARTM	ENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 7	REG. NO.	9	9 6	2	
MIC	DDLE	L	AST	20. DATE O	F DEATH MONTH	DAY	YEAR	26 HOUR	R
ls				7/2	4/89			100	М
4. RACE		5. DATE C	F BIRTH	6 AGE IN	YEARS LAST BIRTHDAY		UNDER I YEAR	IF UNDER 2	24 HRS
Black		MONTH	2 2 11		75 Y	RS MON	NTHS DAYS	HOURS	MIN.
L CITIZEN OF W	HAT COUNTRY?	8	П. игиев и и вамер. П.	9 BALTIMO	RE CITY OR COU	NTY O	FDEATH		
U	.S.	MARRIEI		Bal	to. Cit	У			MD.
(IF NOT IN SUCH !	OSPITAL, NURSING FACILITY, GIVE STREET A LUANTICO	DDRESS)	ROTHER INSTITUTION		OCCUPATION RK FOR MOST OF WORKII	NG LIFE]	12b. KIND C INDUSTRY)F BUSINES	SSOR
	Balto.		13d. INSIDE CITY LIMITS?	12348	ADDRESS / ZIP.C	ODE	Ave.	みに	>
LIDDIE	LAST		15. MOTHER'S MAIDEN NA/ Agnes Hack		MIDDLE		LAS	ST	
WARORDATES	66 SOCIAL SECUE 214-14-	4	Archie Nich	nols	ADDRESS 2014 W.	Sa	rato!	ga S	t.
y one couse per lii) BY:	M40 (al Infanc	tin			BETWEEN	MATE INTERV	AL DEATH

	nly one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
PART I. DEATH WAS CAUSE IMMEDIA	TE CAUSE (0) Myo carelal Infarction	
	DUE TO, OR AS A CONSEQUENCE OF	
Canditians, if any, which	(b) Cornary Ath rosclerons	
gave rise to immediate cause (a), stating the		
underlying cause last	DUE TO, OR AS A CONSEQUENCE OF	

210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M.

NOL 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

YES T

206 IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE

21f LOCATION STREET CITY OR TOWN

20a AUTOPSY?

and that in (my) (our) apinian death accurred on the date and have and from the causes stated

220.1 certify that (1) (this haspital) attended the deceased fram, saw the deceased alive an abave, (1) (we) (did) (did not) view the bady after death

> ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN

226-DATE SIGNED

STATE

22d. PHYSICIAN'S NAME LIYPE OF PRINTS

22e ADDRESS

230 BURIAL, CREMATION, REMOVAL Burial

226. SIGNATURE

190 DATE OF OPERATION

REGISTRAR DECEASED NAME TYPE OR PRINT!

Female To. BIRTHPLACE I STATE OF FOREIGN

10. CITY OR TOWN OF DEATH

Balto.

Md. 14 FATHER'S NAME

Albert

(YES, NO OR UNKNOWN)

COUNTRY Md.

130 STATE

Helen E Nichols

USUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

136 COUNTY

Stewart

(IF YES, GIVE WAR OR DATES)

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

23b. DATE

230 NAME OF CEMETERY OR CREMATORY Mt. Auburn

DEGREE

Balto. Md.

23d LOCATION

STATE COUNTY

24 FUNERAL DIRECTOR

CERTIFICATION

MEDICAL

prior

18

IMPORTANT:

2700 Edmondson

25 DATE 200 BY BEGISTRAR 256, REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

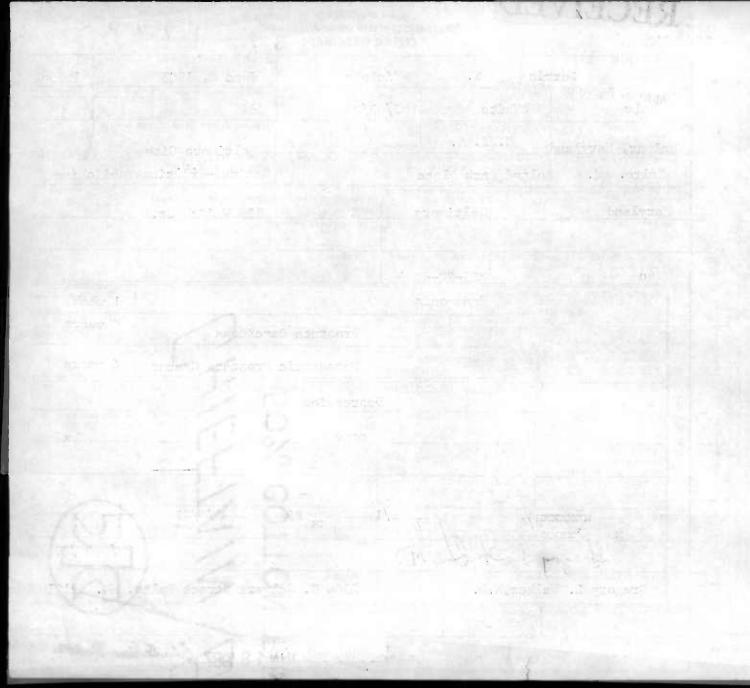
	1	KINO!				STATE	E OF MARYLAND					4	4
57167 J	- 1	FOR STATE REGISTRAR	17		DEPAR	CERTIF	EALTH AND MENTA	н 8	RE	G. NO.	4	0	1
		DECEASED NAME	FIRST		WIOOFE	ı	AST	2	a. DATE OF DEA	TH MONTH	DAY	YEAR	2b. HOUR
by be oge 3 deoth		(TYPE OR PRINT)	Norri	LS DVI AND	N.	Ni	chols		June 8	, 1987			1:55p _N
moy po		SEXMUNTOMY BO	ARD OF IN	RACE.	THE NAME	5. DATE C			AGE (IN YEARS L	AST BIRTHOAY)	IF UNC	DER I YEAR	IF UNDER 24 HRS. HOURS MIN.
ge 4		Malle	7)	Whit	te	777	03/02 "	AR	84	YRS	3	J DATS	Min.
Poor Hours	1	BIRTHPLACE (STATE	OR FOREIGN 76		WHAT COUNTRY	? 8	D NEVER MARRIE	FD [] 9	BALTIMORE C	TY OR COUN	TY OF D	EATH	3 111
to 72	5	Delmar, Ma	rvland	U.	S. A.	WIDOWE			Roltin	oro Ci	+		MI
ied with		O CITY OR TOWN OF	EATH 11				OR OTHER INSTITUTION	II NC	20 USUAL OCCU	PATION TO BY OBY IN	121	KIND OF	BUSINESS OF
o de de	0	Balto. M	d. Ro	land l	Park Pla	ce			Baltin No USUAL OCCU Retired	-Printi	ng P	ublis	shing
hour be f	7	JOUAL RESIDENCE (# N	URSING HOME OR OT		GIVE RESIDENCE BEFO		13d INSIDE CITY LIA	AITC2 II	Be STREET ADDR	ESS / 710 CC)DE	-	
24 Sould	6	Maryland	130. COOI413		Baltimo		YES NO	_	830 W 4			2121	1
tely 2 shin		4. FATHER'S NAME					15. MOTHER'S MAIL	DEN NAME					
P P P	Y	FIRST	MIC	DDLE	LAST		FIRST		WID	Dit		LAST	
looje	1	60 WAS DECEASED EV	ER IN U.S. ARME		16b. SOCIAL SEC	URITY NO.	17 INFORMANT		A	DDRESS			311111
2 2 2	1	No No	(IF YES, GIVE W	AR OR DATES)	225-22-	4006							
ol.		18 CAUSE OF DE PART I. DEATH	ATH (Enter only	ane couse pe								BETWEEN O	ATE INTERVAL
phy npol mov		PART I. DEATH	IMMEDIATE		Pneumon	ia						1 we	ek
ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours rather this certificate has been signed by the attending physician of ampletely filled in by os the buriolitronish permit. Then please remove carbon papers. Pages I and 2 should be fill th and Mantal Hygiene prior to burioral, cremation, or removal.			Mariconne		R AS A CONSEQ	UENCE OF	-		1 1 123			6 ye	ars
deot ove c ion,		Conditions, if o		(b)_			Prostat	te Car	rcinoma				
the the removement		gove rise to couse (a), sto		DUE TO. O	R AS A CONSEQ	UENCE OF					1		
thot by ol, cr	2	underlying co	use fost	(c)_			Metasta	atic	Prostate	Cance	r	6 уе	ars
gned nn ple burne			GNIFICANT CO	NDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO TH	HE TERMIN	AL DISEASE OR	CONDITION	GIVEN IN	PART 110	
en sy The		<u> </u>					Depression	n					
ow rmit price	9	190 DATE OF OPE	RATION	196 COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED		200 AUTOPSY			CAUSES	GS USED OF DEATH?
The ion.	1	at I					none		YES NO		YES 🗌		NO
hysici icofe ronsi Hygish	2			11b. TIME C	OF INJURY .M. MONTH	DAY YEAR	21¢ HOW INJURY	OCCURRE) (ENTER NATURE C	OF INJURY IN ITEM	B PART 1 O	OR PART 2)	
YSICIA ding pl s certif s certif Mentol-t	0	CIFETHER NOTIFY M		100	.M.	19	-				_		
PHYS andim this e bu		21d INJURY OCC			OF INJURY	E. FARM, ETC.)	211 LOCATION		CITY	ORTOWN	C	OUNTY	STATE
Her hon			WHILE WORK				*						_ G []
NDI NO I or I USe deolit		220.1 certify that	UXXXXXXX	attended th	he deceased from	87 6/		85	-, to6/	8/87	-, 19 -X	. T	hotx (we) los
2 9 4 12		saw the dece	osed olive on	view the body	ofter death	. 0	nd that in (my)	opinion de	oth occurred on	the date and l			
DIRE chea Dept		226 SIGNATURE	1	20	16 41	an	DEGREE	DING	MEDICAL	CTAFE	6	PATE OF	IGNED 7
Y the SAL I deto deto TT. H		X	Jugan	7.0	TOU				MEDICAL DIRECTOR P	STAFF HYSICIAN			, 0,
HOSPIT med by FUNER old be a	1	22d PHYSICIAN'S			D		2200 N	0-1			1.	100	01010
CO HOSPIT etoined by TO FUNER should be a with the Ste	/	Gregor	y L. Wa	rker,M	.D.		3300 N	. Car	vert Str	reet Ba	Ito.	MD.	21218
55 543 3		230. BURIAL, CREMATIC	N. REMOVAL	236 DATE	236	NAME OF	EMETERY OR CREMA	ATORY	23d LOCATION		COU	iNity	STATE
DD	-	(SPECIFY) Rem	ova1	6-8	-87				CITTORIO	**,4	COU	11411	STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR

State Anatomy Board Balto., Md.

. ILIN 18 1987 guia Davidon Hondes.



STATE OF MARYLAND

11-115. 18 . 180. & .a., u-03., by rieu.

			1.	FOR STATE REGISTRAR		DEPARTA	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	BIENE 7 REG. NO	. 1 9	9 6	5
591	204	11 -		CEASED NAME FIRST	THE STATE	MIDDLE	l l	AST	20. DATE OF DEATH	MONTH DA	AY YEAR	26 HOUR
-13	9 6			CARMI	E N	1AY	Ï	ORFOLK		7 6	87	7:50A M
8	. po		3. SE.	X	4. RACE	6	5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY)	FUNDER I YEAR	IF UNDER 24 HRS
2	ector		-	Female	Whit	e	Nov		83	YRS	DAYS	HOURS MIN
-	hour	\$ 2		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 AA A DDIE	D NEVER MARRIED	9. BALTIMORE CITY O		OF DEATH	
	nero in 72	-6		Maryland	USA		WIDOWE		Baltimore	City		MD
	with with	P	10 C	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		R OTHER INSTITUTION	126 USUAL OCCUPATION		126. KIND O	F BUSINESS OR
10	by #	(E)		Baltimore		agle Stre			Inspector			Company
212	pe i	ed to		AL RESIDENCE (IF NURSING HOME CO		GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIR CODE		
ON S	filled	E	200	aryland		Baltimo		YES NO	2117 Eagl		et. 21	223
3.AL	2 sh	a la	14. F	THER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN NA				
WA	mplet	no x a		Spencer	MIOULE	Becraft	t	Mary	MIDDLE		Thor	mpson
AE.	es l	io		VAS DECEASED EVER IN U.S. A		166. SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	SS		
BALTIMORE, MARYLAND 2120	Pog	medi		ves, no or unknown) (IF yes, g	VE WAR OR DATES)	215-12-1	1150	Madeline E.	Stolte, 123	1 North	n Aveni	ue. 2122
IALT	944	1		18. CAUSE OF DEATH (Enter of	nly ane cause per	line for (a), (b), and	d (c+.)	0 0				MATE INTERVAL
7	40	100		PART I. DEATH WAS CAUS	ED BY: TE CAUSE (a)	metas	fat,	c Breat Co	ner			
Z	arbo d	4	10	gravite ii		R AS A COMSEQUE	NCE OF					1
EST CO	1		100	Canditians, if any, which	(b)	/ Sues	1 /1	nez			1 9	Lyrs
異 以 は	1/25	1		gave rise to immediate couse (0), stating the	DUE TO, O	R AS A CONSEQUE	NCE OF					
-	11	e of		underlying cause lost.	(c)						49.5	
5, 20	and E		,	PART 2. OTHER SIGNIFICANT	CONDITIONS <u>C</u>	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 110	,
080	1	±	NO I									
SEC.	4	9	CERTIFICAT	190 DATE OF OPERATION	19b. COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20s AUTOPSY?	20b. IF YES, IN CERTIFY	WERE FINDIN	OF DEATH?
A !	8 9 5	1 1	RTIF						YES NO	YES		NO 🗆
DIVISION OF VITAL RECORD	Application of the state of the	B (4		210. ACCIDENT WAS UNDERLYING (- 110110 4	FINJURY M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	TY IN ITEM 18 PAR	IT L OR PART 2)	
0 2	2 3 2	2 /	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE	R) P.		19			3 11		
015	P 4 4 7	0 p	MED	21d. INJURY OCCURRED	21e PLACE	OF INJURY BEET, FACTORY, OFFICE, FA	ARM ETC]	211 LOCATION STREET	CITY OR TO	wN	COUNTY	STATE
NO TO	19 to 1	orke	1	AT WORK NOT WHILE				<i>j</i> .	1			
- 2	0 4 5	1 6		220.1 certify that (1) (this has			000	19 03	10 7/6		0/	that (I) (ve)lost
-	of to	100	32	sow the deceased alive of above, (I) (we) (did) (did n	ot) view the bady	after death.	<u>,</u> ar	d that in (my) (aur) apınian	death occurred on the do	ite and haur o	and from the	causes stated
8	o pie	1		22b. SIGNATURE	2 .//	11	7/	EGREE	WEDICA / 574	•	22c. DATE	SIGNED
0	PAL det	7-		Wrn (Mal	uful	N		MEDICAL STAF	IAN	7/0	0/87
876	P P	STA /		22d. PHYSICIAN'S NAME (TYPE	OR PRINT]	0		22e. ADDRESS			/	
7	0 0	0		Waterfield	, Wille	m	77.18	St. Agnes F	Hosp. Oncol	.ogy De	ept.	

DHMH - 16 60M 7/84

(VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL Burial
24 FUNERAL DIRECTOR 7/9/87

Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

23c. NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery

23d LOCATION Baltimore

Maryland Maryland

250. DATE REC'D. BY REGISTRAR 256.

JUL 7 1987

JUL 7 1987 But Date Pale

	/	FOR				E OF MARYLAND			4	4 1	
- un 20 62	1.	STATE REGISTRAR		DEPART		ICATE OF DEATH	8 7	REG. NO.	7	0 0	
6 JUL 28/87		CEASED NAME FIRST		MIDDLE	· ·	AST	20 DATE OF D		DAY	YEAR 2h	HOUR
866 A	TYPE	OR PRINT) MAR	IE I	Ι.	N	ORRIS		07	24	87 6	0205A
E a b	3. SE	(4. RACE		5. DATE C		6. AGE IN YEA	RS LAST BIRTHDAY	IF UNDE		UNDER 24 HRS
rs aft		FEMALE	WHID	re	5	27 08	79	YR		DATS	JOKS MIN.
n 72 hou		RTHPLACE STATE OR FOREIGN OUNTRY) MARYLAND	76 CITIZEN OF	what country? A_{ullet}	MARRIE WIDOWE	D NEVER MARRIED	TOCI	imore	City	ATH	MD.
by the fullified within	t	auto. City	St. Ac	Apes H	Spita	OR OTHER INSTITUTION		CCUPATION OR MOST OF WORKING DETSON	GLIFE) IND	KIND OF BI USTRY Utzle	usiness or rs
filled in hould be must be	Ma Ma	aryland -	ME OR OTHER INSTITUTION	GIVE RESIDENCE BEFOR 13c. CITY OR TOV Baltimo	re admission) VN Ore	13d INSIDE CITY LIMITS		DRESS / ZIP CO Vilkens	Ave.	2122	9
d 2 sh	14: FA	THER'S NAME Philip	MIDDIE	CIAST		15. MOTHER'S MAIDEN Mamie		MIDDIE E.		Das	1_
l on S			W.	Chapm		Mamle 17 INFORMANT		E. ADDRESS	2		n
edical edical		VAS DECEASED EVER IN U.S VES NO OR UNKNOWN) (16 YE	S GIVE WAR OR DATES)	166 SOCIAL SECT			Evenier			1122	2 7
S. Po	_	18 CAUSE OF DEATH (Ent PART I, DEATH WAS CA		214-14-		Dorothy E	• Flaziei	209 NOI			E INTERVAL
signed by the parties of the parties	z	gave rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICATION OF THE CAUSE O	DUE TO, O		chnoi		e	OR CONDITION	GIVEN IN F	2 da	us
Transfer Transfer	CERTIFICATION	190 DATE OF OPERATION		ITION FOR WHICH	H OPERATIO	N WAS PERFORMED	20a AUTOP			FINDINGS AUSES OF	
of the contract of the contrac		21a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE O	DE DEATH HOUR A.		AY YEAR	21c. HOW INJURY OC	CURRED (ENTER NATU	RE OF INJURY IN ITEM	18 PART I OR	PART 2)	
a the burn tond Mer	MEDICAL	21d INJURY OCCURRED WHILE AT WORK AT WORK	21e PLACE			211 LOCATION STREET		CITY OR TOWN	co	UNIY	STATE
CTOR At for use of of Health		220.1 certify that (I) (this saw the deceased alivabave, (I) (we) (did) (d	e an 27 W	Y 19_	200	nd that in (my) (our) api	nian death accurred	an the date and	, 19s haur and fi		t (I) (we) last ses stated
Mai Diago deroched one Dept		226 SIGNATURE Tum	othy D. &	lichols			IG MEDICAL	STAFF PHYSICIAN	22	7/24	187
TO FUNE hould be wedstan		Timothy	D. Nich			ST. AGNE					
3P		BURIAL, CREMATION, REMO (SPECIFY) Burial	7/27/8			idge Mem. P	k. Elkr	idge H	oward		yländ
HMH - 16 60M 7/84 (VRA 15, 4)	24 F	uneral director ubbatd Funera	l Home, In	nc. 4107	Wilke	ns Ave.	DATE REC D. BY RE	GISTRAR 256 REC	GISTRAR'S		lake

061546

24 hours ofter death. Page 4 may be

filled in by the funeral director page 3 and be filed with n 72 hours after death

TO FUNERAL DIRECTOR, After this certificate has been signed by the should be detached for use or the burish-travel permit. Then please remaining the Salar of Mealth and Mental Hygiene prior to burish, stems with the Salar Dept. of Mealth and Mental Hygiene prior to burish. stems

TO HOSPITAL OR ATTENDENG PHYSICIAN, The cerained by the heaphol or attending physician.

BP.

DHMH - 16 60M 7/ (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL H

DEPARTMENT	OF HEAL	TH AND	MENTAL	HYGIENE
CEI	RTIFICA	TE OF	DEATH	

. ATREGISTA	AR				CERTIF	CATEO	DEATH	- 8	REG. N	10	00	1 -
DEÇEASED N	AME	FIRST		MIDDLE	L	AST		2a. DATE	OF DEATH		DAY YEAR	2b BUR
TYPE OR PRINT!	Roh	pert			Olso	chewsl	ce	-13	J	Tuly 3	0,1987	3
1. SEX			4. RACE		5. DATE C			6. AGE (II	YEARS LAST B	RTHDAY}	IF UNDER 1 YEAR	IF UNDER 24 HI
Male			White		Apri		1953	34		YRS.	MONTHS DAYS	HOURS MI
. BIRTHPLACE	(STATE OR F	OREIGN		WHAT COUNTRY?	8	30	7 1 1 2 2 2 2		ORE CITY		Y OF DEATH	
New J	arcan		U.S.A.		WIDOWE	1,315	R MARRIED DIVORCED	D,	1+4ma	re Ci	+	
10. CITY OR TO		тн	11. NAME OF	HOSPITAL, NURSI	NG HOME C			12a USUA	LOCCUPAT	ION	126 KIND OF	BUSINESS
Balti	more	/		S Scott K		lao i F	Conton		ork for MOST	OF WORKING L	(FE) INDUSTRY	
USUAL RESIDE	NCE (IF NURS!		OTHER INSTITUTION	GIVE RESIDENCE BEFOR	E ADMISSION)							
Marvl.	10	Harfo		13c. CITY OR TOV		13d. INSIDI	NO 🕞			/ ZIP COD		
14 FATHER'S N.		nari ()r.a	Bel Air			R'S MAIDEN NA		Fally	and D	r. 21014	
Talan	rst A	,	MIDDLE	LAST			FIRST		MIDDLE		LAST	
John 160 WAS DECE	A SED EVER	IN II S ARA) Lschewsk		17. INFOR	Glada		ADDR	ESS	Smit	h
(YES, NO OR U			WAR OR DATES)					-				11 -
No				215-56-	6970	Mrs	Patric	e Lyni	1 Olsc	hewsk	e Same	as #1
18 CAUS	I. DE ATH W.	H (Enter and	y one cause per	line folia), (b), ar		1:1	Tut:	LAT'				MATE INTERVAL
			E CAUSE (a)	1 cute IVI	YOUN	9191	MI	11011	0 4		1 Min	ules
	OTHER SIGN	NIFICANT C	ONDITIONS <u>CC</u>	ONTRIBUTING TO	DEATH BUT	NOT RELAT	ED TO THE TERA	AINAL DISEA	ISE OR CON	IDITION GI	VEN IN PART 110	
19a. DATE	OF OPERAT	ION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PER	FORMED	20a AU YES	TOPSY?	IN CERTI	S, WERE FINDIN IFYING CAUSES ES	
21a. ACCIE	DENT WAS UND		216. TIME O		VE 18	21c. HOW	INJURY OCCUR			URY IN ITEM 18	PART I OR PART 2)	
OR CONTR	BUTING C		100	M. MONTH D M.	AT TEAR							
	RY OCCURR		21e PLACE	OF INJURY	.,,	211 LOCA			CITY OR TO	0	COUNTY	STATE
WHILE AT WORK	NOT WH	ILE	(AT HOME, STE	REET, FACTORY, OFFICE,	FARM, ETC }	511	CE1		CITTORT	JWIN	COUNTY	SIMIE
		-	al) attended_th	e deceased from		1	1084	to	7-3	0	1087.	has (1) well
	the decease		8-1	19		d that in fi	y) (our) opinian	death accur	red an the a	date and ha	ui and from the c	auses stated
22b. SIGN		The bid out	View the body	after death.		DEGREE					22c DATE S	
	(101	MA	Stan	Tall I			ATTENDING	MEDICA	L STA	AFF _	7 3	1-87
224 PHVG	ICIAN'S NA	ME CIVER OF	PRINT			22e ADDF	PHYSICIAN				1/- /	/ 0/
						226 ADDI	Suit	T504	110	Cutt	~ Pierry	1 21
	ert E.	. Sto	ner, M.			3000	0000	()00	100	JUAN	. ,	.,,,
23a. BURIAL, CR			23b. DATE		NAME OF C	EMETERY C	RCREMATORY	23d LO	CATION	Juan		
230. BURIAL, CR (SPECIFY) Buria	REMATION, I			230				23d LO	CATION TY OR TOWN		COUNTY	STATE
(SPECIFY)	REMATION, I		23b. DATE	7 I	NAME OF C			23d LO	CATION TY OR TOWN			STATE
Buria 24 FUNERAL DI	REMATION, I	REMOVAL	23b. DATE 8-3-8°	230	ulane	y Val		23d LO	CATION TY OR TOWN		COUNTY	STATE

STATE	OF	MAR	YI A	ND
JIMIL	VI	ITT PO IN	11.50	עווו

061	170 JUL 29	87	FOR			DEPA		E OF MARYLAND	GIENE			
		1.	STATE REGISTRAR				CERTIF	ICATE OF DEATH	8 / REG. NO.	1 9	1	6 8
	nay be poge 3 reath		CEASED NAME OR PRINT)	Evelv		Ruth		AST .	20 DATE OF DEATH M	7 - 20	YEAR	26 HOUR .
-	4 may or, pag	3. SE		2velv	4. RACE	RULII	5. DATE C	Malley VEAR	6 AGE (IN YEARS LAST BIRTH		NDER I YEAR	IF UNDER 24 HRS. HOURS MIN.
5	Poge	7a. BI	Female RIHPLACE (STATE OR F	OREIGN	WHi	te WHAT COUNTI	RY2 B.	ust 29, 1915	71 9 BALTIMORE CITY OR	COUNTY OF	DEATH	
	death.		West Virgi			USA	WIDOWE		BALTIMO		ity	MD
_	ofter the fi	10 CI	TY OR TOWN OF DEA	тн	(IF NOT IN SUC	CH FACILITY, GIVE ST	REET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATIO		126. KINDAD INDUSTRY	F BUSINESS OR
2120	nours in by		Baltimore AL RESIDENCE (IF NURSI		OTHER INSTITUTION	GIVE RESIDENCE BE	FORE ADMISSION)	dical Center	Housewife		Own	Home
AND	The state of the s		Maryland	Ba:	ltimore	Dunc		YES NO NO	13e.STREET ADDRESS / 1		21222	
MARYL	mpletely and 2 s) FA	THER'S NAME FIRST George		MIDDLE Lto 1	Duty, Si	· .	15 MOTHER'S MAIDEN NA FIRST Mable	MIDDLE		Glei	
MORE,	e execut		VAS DECEASED EVER			232-03	CURITY NO.	Thomas H C	ADDRES			21222
W. PRESTON ST., BALTIMORE, MARYLAND 2120	he death certificate be added to the attending physicia move carbon papers. mation, ar removal.		18 CAUSE OF DEATH PART I. DEATH W Conditions, if ony, gove rise to imm couse (a), stating	AS CAUSEI IMMEDIAT which rediate	D BY: "E CAUSE (a) DUE TO, O	R AS A CONSE	QUENCE OF	enic Schodial I.	lock			MATE INTERVAL ONSET AND DEATH
201	law requires that the same and	ICATION	underlying cause	lost IFICANT C	(c) CONDITIONS <u>C</u>	Ontributing 1	IO DEATH BUT	NOT RELATED TO THE TER/		20b. IF YES, WIN CERTIFYING	ERE FINDIN	IGS USED
FVITALE	ICIAN: The log physician. ertrificate has ial-transit per ntal Hygiene gem 18 stows	L CERTIFIC	210. ACCIDENT WAS UND	- Lune			DAY YEAR	21c. HOW INJURY OCCUR	YES NO NORTH	YES [NO 🗌
DIVISION OF VITAL RECORDS,	NG PHYSIC! offending I free this cert os the burial th and Ments	MEDICAL	(IF EITHER NOTIFY MEDIC ZId INJURY OCCURR WHILE NOT WH AT WORK	ED .	Zie PLACE	M. OF INJURY REET, FACTORY, OFFI	CE, FARM, ETC)	211 LOCATION STREET	CITY OR TOWI	N	COUNTY	STATE
	ATTENDII rospital or RECTOR: A ed for use opt of Heali		22a 1 certify that (1) saw the decease above, (1) (we) (d	d alive an		7/20 1	\$, or	187, 1987 and that in (my) (our) apinion	death occurred on the date	e and hour on		that (I) (we) last causes stated
	by the has by the has lERAL DIRECTOR of detached a State Dept.		Was 22d PHYSICIAN'S NA	Len ME ITARI	0.7	Rosen	blu-	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA		7/2	0/87
	TO HOSPITAL retained by to TO FUNERAL should be deturned with the State MRPORTANT:		Warre	D.	0	1.0000	M.D.	Francis Sc		di cal	Cente	V
	RD		SURIAL, CREMATION,	REMOVAL	23b. DATE		31 NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	co	YTAUC	STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

Duda-Ruck Funeral Home of Dundalk DATE REST. BY REGISTRARY SHONATURE

7922 Wise ave. Dundalk, MD 21222

התרוויוסוב ברון Colonies de l'amble 150 milles roomall Francisco the transmission had a state of lander

STATE OF MARYLAND

0785 JUL 2	.07	FOR STATE REGISTRAR	FIR51	A	DEPARTA	CERTIF	E OF MARYLAND SEALTH AND MENTAL HYG ICATE OF DEATH	REG. N		6 YEAR	2b HOUR
a 75		OR PRINT)	Coon	ge W. Oz	20m			July 22.			1030
cto per	1. SE	Male		RACE ~	asian	5. DATE (6 AGE (IN YEARS LAST BI	RTHDAY) IF	UNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.
rol dire		RTHPLACE STATE OR FOR	REIGN 76	CITIZEN OF	WHAT COUNTRY?	8. MARRIE	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY O	FDEATH	
ofter dec		Maryland ITY OR TOWN OF DEATH Baltimore	10	(IF NOT IN SUC	OSPITAL, NURSIN	ADDRESS)	DR OTHER INSTITUTION	Paltimo	ON OF WORKING LIFE)		F BUSINESS OF
AND 2120	USU/ 13a S	AL RESIDENCE (IF NURSING		ER INSTITUTION.	aritan Hos GIVE RESIDENCE BEFORE 136. CITY OR TOW Fallston	ADMISSION)	13d. INSIDE CITY LIMITS?	Ret-Sinai H	/ ZIP CODE	210	047
MARYLA MARYLA	14 FA	THER'S NAME FIRST John Orem	WIDI		LAST	7	15. MOTHER'S MAIDEN NAME FIRST			ŁASI	1
IMORE	0	VAS DECEASED EVER IN YES NO OR UNKNOWN)	U.S. ARMEI (IF YES, GIVE W.		218-09-3		17 INFORMANT Mr. Cr 1802 Parkvue Ro		Fallston	Marylar	nd 21047
25, 201 W. PRESTO were, that the death righted by the atten- tell please remove or obtainol, cremation, a jury, or other trauma	z	Conditions, if any, v gave rise to imme- cause (a), stoting underlying cause	diote the last.	(b) DUE TO, OF	R AS A CONSEQUE R AS A CONSEQUE DITRIBUTING TO D	NCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVEN	IN PART TIE	9
A RECOR.	TIFICATION	19a. DATE OF OPERATIO	ON	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, V IN CERTIFYIN	NG CAUSES	
VISION OF VITA G PHYSICIAN, The attending physics on Missing the part of the	MEDICAL CERT	21a. ACCIDENT WAS UNDER OR CONTRIBUTING CAU (IF EITHER NOTIFY MEDICAL 21d. IN JURY OCCURREI WHILE NOT WHILE AT WORK AT WORK	USE OF DEATH LEXAMINER)	P./ 21e PLACE (M. MONTH DA M.	19	216. HOW INJURY OCCURS 216 LOCATION STREET	RED (ENTER NATURE OF INJU		COUNTY	STATE
DI AL OR ATTENDENT THE heapted on or AL DRECTOR, Also reached for use on the Dept. of Health I'll Rem 21 is more		220.1 certify that (1) (11 saw the deceased abave, (1) (we) (did 22b. SIGNATURE	his haspital) alive an	7/22	19	, aı	22 / F 19 8 7 Ind that in (my) (our) apinion of the control of th	, ta	ote and hour o		
D HOSFITA Bried by Could be do think Sto		22d. PHYSICIAN'S NAM		HAN	MID.		TGOI LOCH	D SAMARITA	y 1066		21239
H B E 2 1 3	23a P	BURIAL, CREMATION, RE	MOVAL	23h DATE	1 23c. N	JAME OF C	EMETERY OR CREMATORY	23d LOCATION			

DHMH - 16 60M 7/84 (VRA 15, 4)

8728 Liberty Road Randallstown Maryland

060200 JUL

STATE OF MARYLAND

4	1-	STATE			DEPAR		ICATE OF DEATH	L HYGIEN	8 7 REG. N		9 0)	7 11
i	A DEC	LASED NAME	FIRST	2 1 1 1	MIDDLE	Į.	AST	2a	DATE OF DEATH	MONTH	DAY YE	AR 2	Th HOUR
ı	- (TABE 4	ORPRINT)	ROSAL.	INE	V.	OF	NDORFF			7 1	19 19	87	1230
١	3. SE X	(I. RACE	V •	5. DATE C	F BIRTH		AGE (IN YEARS LAST BIR	THDAY)	IF UNDER I		IF UNDER 24 HRS
1	3.60	FEMALE		WHI	TE	1.2	10 24		62	YRS	MONTHS	AYS	HOURS MIN
		RTHPLACE (STATE C	OR FOREIGN 7		WHAT COUNTRY		Separate		BALTIMORE CITY C		YOFDEAT	Н	
		aryland	- 3	U.S.A		WIDOWE			Dolt	1001	0	216	MD.
		TY OR TOWN OF D	EATH 1	II. NAME OF			R OTHER INSTITUTIO	N 120	USUAL OCCUPAT				BUSINESS OR
	1	Baltimo	18/	Deat	on Sou	its			Bookkeeper				Fair
3	13a S	TAJE ryland	13h COUN		13c. CITY OR TO	WN	136. INSIDE CITY LIM		STREET ADDRESS 3			21	1227
	I4 FA	THER'S NAME		NDD(E	LAST	1	15 MOTHER'S MAID	ENNAME	WIDDIE			LAST	
)	James				tovan		elia	4-00			Kur	jauka
1	160 W	VAS DECF * ""	R IN U.S. ARM	MED FORCES?	166 SOCIAL SEC		17 INFORMANT		ADDRI			7	
9		NO			213-14-	-8182	David Amb	orose	3018 Alak	cama i			21227
ì		18 CAUSE OF DEA	ATH (Enter anl)	y one couse per	line for (o), (b), o	and (c).)					SETV	PROXIM/ VEEN ON	ATE INTERVAL
	-	PARTI. DEATH	IMMEDIATE		Caro	tro Ko	spiratory	A	rnest	7			
				DUE TO, O	R AS A CONSEO	UENCE OF	,	1			1		
		Canditions, if ar		(b)_	Recar	1841	Laryuge	2a	Cancino	nd	-		
		cause to 1, sta	iting the	DUE TO, O	R AS A CONSEO	UENCE OF							
				(c)	ON TRIBUTING TO	DE ATH BUT	NOT RELATED TO TH	E TEDALINIA	L DISEASE OF CON	DITION GI	VENI IN DAS	27 1.0	
	Z	PART 2 OTHER SP	GIVIFICATVI C	ONDATIONS <u>CC</u>	DIVINIBULING IC	DULAIII	NOT KETATED TO TH	IE IERWINA	E DISEASE OR COIN	DITION OF	145.4 114 1.91	VI III	
	CERTIFICATION	190 DATE OF OPER	RATION	19b. COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED		200. AUTOPSY?		S, WERE FI		
	Ĕ			0.00					YES NOT		IFYING CAL	JSES O	NO T
	E E	210. ACCIDENT WAS		21b. TIME C		DAY VEAD	21c HOW INJURY C	OCCURRED	ENTER NATURE OF INJU	RY IN ITEM 18	PART I OR PAR	17 2)	
	AL	OR CONTRIBUTING	_	n.	M. MONTH M.	DAY YEAR	100						
Ī	MEDICAL	21d INJURY OCCU		21e PLACE	OF INJURY		211. LOCATION		CITY OR TO	wN	COUNT	Y	STATE
	Z	WHILE NOT	WHILE WORK	(AI HOME SII	REET, FACTORY, OFFICE	E, FARM, ETC. }	SINCE						
		22a.1 certify that	(I) This haspit	al) attended th	e deceased from	July	17 19	\$7_	to July	19	. 19 87	, th	at (I) we)last
		saw the doce above, (1)(we	did did nat	view the Bady	after death.	3/ .or	ed that in (my) (our) o	pinion deat	th occurred or the d	ate and ho	our and from	the co	uses stoted
		226 SIGNATURE	10	A	1		DEGREE ATTEND	NING A	MEDICAL STA		22€. □	ATE SI	IGNED
			Tal	a	1 ygny		PHYSIC		IRECTOR PHYSIC			71	19187
		22d. PHYSICIAN'S	NAME (TYPE OR	PRINT)	7/	1	22e. ADDRESS			-,	0.	2 -	
			104	4 A.	lygar	-	13001	5. 6	arover	77	, '21	23	0-
		URIAL, CREMATIO		23b. DATE			EMETERY OR CREMA		Baltimore		COUNTY	M-	aryľäľad
		Buria	11	7/22/	0/	Loudon	Park Cemet	rery	Datchiole			Ivic	aryrand

DHMH - 16 60M 7/84

BP.

IMPORTANT: If them 21 is should be detached with the State Dept.

TO FUNERAL DIRECTOR. After this certificate has be

FUNERAL DIRECTOR 21229
Hubbard Funeral Home, Inc. 4707 Wilkens Ave. (VRA 15, 4)

REGISTRAR 256, REGISTRAR'S SIGNATURE

HER P P JUL

John C. Miller Inc. 6415 Belair Rd. 21206

DHMH - 17 (VR A15 ME (5))

After Manual Control

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with the Store Deput. Or security the medical IMPORTANT: If Item 21 is marked or hem 18 shows ony injury, or other traumatic event, the medical

STATE	OF	MARY	LAND
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		CE	RTI	FIC	ATE	OF	DEATH	

8	REG. N	10	9	9	7	6
ATEC	EDEATH	MONTH	DAY	YEAR	12h 14C	ALLO

	REGISTRAR		CLKIII	ICAIL OI	DEATH	Q	REG. NO		7 7		60
	OR PRINT) MILOR	RED ELVADE BENSO	N OT	TO		July		1987	Y YEAR	26 HOU	30A.
3. SE	X	4 RACE	5 DATE C			6 AGE (IN YE	ARS LAST BIRTHD		UNDER I YEAR	IF UNDER	24 HRS
	Female	White	Aug	. 11,	1894	92.		YRS	NINS	HOURS	MIN.
70. BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8	- 🗆	MARRIED -	9 BALTIMOR	E CITY OR C		FDEATH		
	rford Cnty,M		WIDOWE	D 200	ONORCED		timor		ty,	44	MD.
-	ltimore	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET, St. Agnes Ho	ADDRESS)		STITUTION	12d USUAL O	ccupation for most of wi	ORKING LIFE)	126 KIND C INDUSTRY emak		SSOR
13a S	STATE 136 COUN	other institution give residence before NTY 13c. CITY OR TOWN timore Catons	N	13d. INSIDE	CITY LIMITS?	13. STREET A	DDRESS / ZI	P CODE A ve	nue-	2122	8
5		H. Amoss		Мо	r's MAIDEN NAM FIRST Lrgaret		E.		nson	1	
1	VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SECURIFICATION (NEW AR OR DATES) 578-50-		17 INFORM	3 Gard	Clark len Ri	Appress dge A	ilbe load;	rt-Do	augh nsvi	ter
	IS CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	oly one couse per line far (a), (b), and D BY. TE CAUSE (a)	1	arre	st	Md.	21228	•	-	MATE INTER ONSET AND	
	Conditions, if any, which gave rise to immediate	10)	sep.		y turce				5/3	0(67	
	cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO E	met.	usdad	-z can	CUCY -	or condit	ION GIVEN	IN PART 1	0	
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERF	ORMED	200 AUTO	PSY? 20		WERE FINDING CAUSES		H3
	710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	Y YEAR	21c. HOW	INJURY OCCURR	RED (ENTERNATI	URE OF INJURY IN	ITEM TE PART	T I OR PART 2)		
MEDICAL	216. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FA	ARM, ETC)	211 LOCAT		1	CITY OR TOWN		COUNTY	5	TATE
	sow the deceased alive on	tal) attended the deceased from	مار	nd that in (m	y) (our) apinion o	to		and hour o		that (I) (v	., .
	22b. SIGNATURE	Michael Mx	0	DEGREE	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF	ND	220 DATE	SIGNED 3 \ 8	7
	Robert V	or PRINT). Mckeen, S.		22e ADDRI	Acres	Morp	ital T	Sald.	more	MO.	
	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	23b. DATE July 6,1987-			Park C	enete	OD TOWARD	ltim	COUNTY	Md.	TATE
24 FI	JNERAL DIRECTOR STEP	LING FUNERAL	ESTA	TE.P.	A 250 DATI	E REC'D. BY RE	GISTRAR 256	REGISTRA	R'S SIGNAT	URE	
	JO BUILDINGSUIL	ALL COLLO	POPE	211166	46401					- Carrie	

DHMH - 16 60M 7/84 (VRA 15, 4)

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rentel H. Amone Parament - Panson

576-50-17570- 163 Scrien Ridge wese, Calonaullia.

STATE	OF	MAD	VIAN	ID.
SIMIL	UL	mar	ILAR	U

2			STATE OF MARYLAND		
	FOR	DEPAR	TMENT OF HEALTH AND MENTAL HY	GIENE	
	STATE		CERTIFICATE OF DEATH	£) = 2	
	REGISTRAR			REG. N	
	CASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH	MONTH DAY YEAR 26 HOOK
	F101	Rence J.	OTTONE		19-16-87 12 pm
3. SEX	Female	1. RACE White	5. DATE OF BIRTH MONTH DAY YEAR O - 2 - 30	6 AGE (IN YEARS LAST BIT	THOMPS DAYS HOURS MIN.
	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	Y? 8 MARRIED NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DEATH
B	ALTIMORE, Md	USA	WIDOWED DIVORCED	Balter	righe City MD
10. C1	TY OR TOWN OF DEATH		SING HOME OR OTHER INSTITUTION	120 USUAL OCCUPAT	110 11110 01 00011 1200 011
	BALTIMORE	1 1 1 1 20 - 01 1	mare beneue Itosp.	(TYPE OF WORK FOR MOST	OF WORKING LIFE) INDUSTRY 4.5. F. G.
13a. S				13. STREET ADDRESS	2 zip code Hill Rd Backs 1
14. FA	THER'S NAME		15. MOTHER'S MAIDEN N		
	Duminic	A ME	lini FANNI	MIDDLE	TROMBETTA
	(AS DECEASED EVER IN U.S. AF ES, NO OR UNKNOWN)	RMED FORCES? 166 SOCIAL SE	CURITY NO. 17. INFORMANT	ADDR	ESS
"	UNK.	2.18-	26-3236 Chart.	3001 2 1tan	over ST, BALTO, Md 212.
	PART I. DEATH WAS CAUSE		ond (c.)	RREST	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		DUE TO, OR AS A CONSEC	DUENCE OF		THE RESERVE OF A SHARE
	Conditions, if any, which	1 metas	Tatic Adeno CARCES	rioma lester	Mas Rusia
	gave rise to immediate				
	cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEC	Spalst Pleura +	- Pericandic	1 offen
7	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	O DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CON	IDITION GIVEN IN PART 110
ō					
CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHIC	CH OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\begin{array}{cccccccccccccccccccccccccccccccccccc
2	21a. ACCIDENT WAS UNDERLYING	7 216. TIME OF INJURY	Tale HOW BUILDING	0 0	
-	OR CONTRIBUTING CAUSE OF DE		DAY YEAR	KKED (ENTER NATURE OF INJL	JRY IN HEM 18 PART 1 OR PART 2)
A	OR CONTRIBUTING CAUSE OF DE	ATH DATE	10		

21e PLACE OF INJURY

(AT HOME, STREET, FACTORY, OFFICE, FARM ETC.)

Oak Lawn

21f LOCATION STREET COUNTY CITY OR TOWN

and that

sow the vecesses alive an above (I) (we) (did (did not) view the body after death 226. SIGNATURE

DEGREE MD ATTENDING PHYSICIAN

MEDICAL STAFF
DIRECTOR PHYSICIAN

tanvier STreet, Balto,

22c. DATE SIGNED

STATE

STATE

Md.

(SPECIFY)

23a. BURIAL, CREMATION, REMOVAL 23b. DATE

220.1 certify that (1) this haspital Dattended the deceased

23¢ NAME OF CEMETERY OR CREMATORY

22e ADDRESS

23d LOCATION CITY OR TOWN

COUNTY

DHMH - 16 60M 7/84

should be detached for use as with the State Dept. of Health

TO FUNERAL DIRECTOR

injury, ar other tra

as the burial-transit permit. Then p Ith and Mental Hygiene priar to bur

ATTENDING PHYSICIAN:

TO HOSPITAL

MAPORTANT: If Hem 21 is marked or Hem 18 shaws any

MEDIC

AT WORK

21d, INJURY OCCURRED

NOT WHILE

Burial

(VRA 15, 4)

24 FUNERAL DIRECTOR Walter Dabrowski - 1005 Dundalk Aven u 21224

7-20-87

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Burial -11-67 Cak

valter pabrows-1 - 100 Duris wave a 11274

Ba. L. Dore

	1-	FOR STATE REGISTRAR		DEPARTN	AENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE REG NO	9 9	7 .	4
		CEASED NAME FIRST		MIDDLE	· ·	AST	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
		Jesse		onald		en, Sr.	Apri			12.32 PM
	3. SEX	Male	4 RACE	hite	5. DATE C	OAY YEAR	6 AGE (IN YEARS LAST BIR	YRS.	DER I YEAR	IF UNDER 24 HRS
45		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	B MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O	_	DEATH	
5	1	Virginia	US.		WIDOWE	DIVORCED	BALTIN		017	Y MD
5	-	TY OR TOWN OF DEATH		HEACHITY GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATE		26. KIND O	F BUSINESS OR
2	R	SALTIMORE	FOUTH	GALTIN	MORE	E CEU. HOSE	Painter (R	let) M	d. Dr	y Dock
5	13a S	AL RESIDENCE (IF NURSING HOME OF ATTACK) TATE 136 COL		Baltimor	N	134, INSIDE CITY LIMITS? YES NO	13. STREET ADDRESS / 44 %. Fort		212	30
	14. FA	ATHER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN NAM	ME MIDDLE		AC	
			nomas	Owen		Arminta	Virgi			street
П		VAS DECEASED EVER IN U.S. A		166 SOCIAL SECU	RITY NO.	17 INFORMANT (Daug	ghter) ADDRE	SS233 Bu	rns C	rossingRd
		No N		228.05.5	271	Shirley M. Mc	Monigle	Severn,		21144
	NOI	Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	(b)	RAS A CONSEQUE RAS A CONSEQUE MY ONTRIBUTING TO D A CHI SY	INCE OF DEATH BUT	of Inba			N PART Ico	
2	CERTIFICATION	19a DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WE IN CERTIFYING YES		
	MEDICAL	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (1F EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOTIFY WHILE AT WORK AN WORK	P, 21e PLACE (AT HOME, STI	M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, FA	19 ARM, ETC)	216 HOW INJURY OCCURR 211 LOCATION STREET	ED (ENTER NATURE OF MIJUI	RY IN ITEM 18 PART 1	COUNTY	STATE
		220. I certify that (I) (this has saw the deceased alive a above, (I) (we) (did) (did a 22b. SIGNATURE	0 4-2	1- 190	7	DEGREE ATTENDING	, to	ate and hour and	d from the	
1		DE AGO		216AT	K	SOUTH BA			٧.	HOSP.
		BURIAL, CREMATION, REMOVA	L 23b. DATE	23c. N	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	co	YINU	STATE

25,1987 Glen Haven Mem.

Glen Burnie, Maryland

Park Glen Burnie A A Co. Maryland.

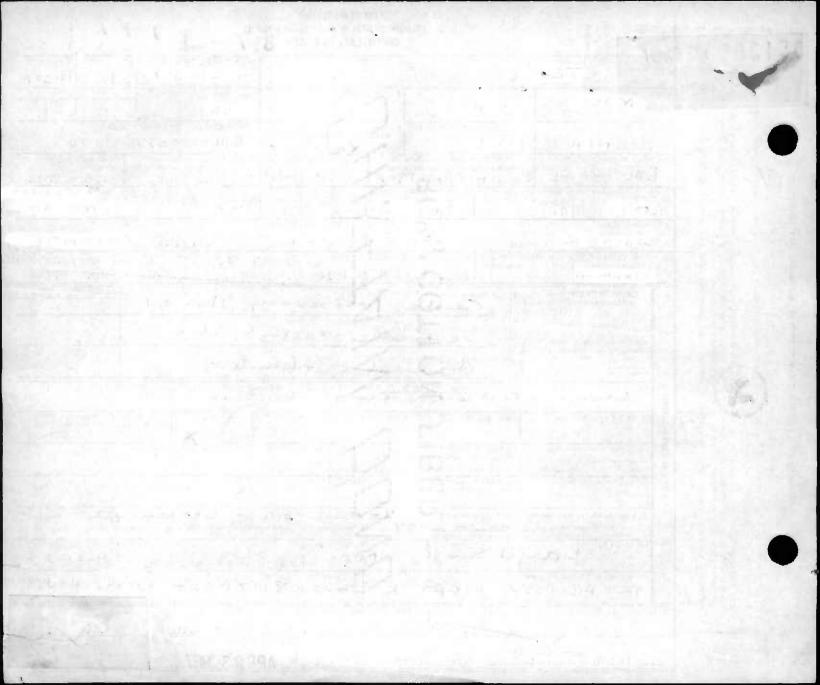
250. Date REC'D. By REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4) Burial

74 FUNERAL DIRECTOR
Singleton Funeral Home

BP.

TO FUNERAL DIRECTOR: After this certifico should be detached for use as the buriot-front with the State Dept. of Health and Mental Hydly MPORTANT: If Hem 21 is marked at Hem. 8 The Control of the contr



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within 24 hours ofter death. Page 4 may be

ompletely filled in by the func I and 2 should be filed within

15					STATE	E OF MARYLAN)					
X	STATE			DEPARTM		EALTH AND ME	6%	NE		0	3 7	No.
100	REGISTRAR				CERTIF	ICATE OF DEA	ATH 8		REG. NO	7	7 /	2
	CEASED NAME	FIRST	MIDD	(E	L.	AST		20. DATE OF	DEATH	MONTH DA	Y YEAR	26 HOUR
- Comme	OFFERD)	ANNA	m	4	PADC	UK		rich	12,1	987		UNKHOW A
3.507	<u>`</u>	4 R	ACE		S. DATE C			AGE (INYE	ARS LAST BIRT	-	UNDER I YEAR	IF UNDER 24 HRS
1	remale		CAU	,	701	7 21,19	09	1	/	YRS		
o BII	PUNTRY) Na Ry lan	1	USF	AT COUNTRY?	MARRIEI WIDOWE	D NEVER MAI	RRIED -	BALTIMOR	1.1.	COUNTY	F DEATH	MD
10 CI	TY OR TOWN OF DE		NAME OF HOS	PITAL, NURSING	2515	OR OTHER INSTITU	TION I	12a USUAL C	CCUPATIO	N		F BUSINES OR
	ALTO	9		Maderi				TYPE OF WORK		WORKING LIFE	Soustry	Sweety
H30-S	TATE Mary bull	136 COUNTY		CITY OR TOWN	4	136 INSIDE CITY	LIMITS?	STREET A	DDRESS /	ZIP CODE	St. 5	11205
14 FA	THER'S NAME FIRST	MIDD		10001K		15 MOTHER'S M	Phin	E	WIDDEE	olaz.	LAS	ST .
	VAS DECEASED EVER			SOCIAL SECUR	RITY NO.	17 INFORMANT			ADDRE	SS		4-1-1
0	(ES YOOR UNKNOWN)	(IF YES, GIVE WA	R OR DATES)	1210 48	,77	DOROTH:	Y MELI	KA 66	15=	Kenwo	od Av	re
	18 CAUSE OF DEAT	TH (Enter only o	ne couse per line	torial, ibi, and	8 no	X/m.	V.1	. 11.			BETWEEN	ONSET AND DEATH
94		IMMEDIATE C		Alla	101	/Velle	FCE	CKILL				
177			DUE TO, OR AS	CONSEQUE	ACE OF	- 11	· Un	1401				
-	Conditions, if ony gove rise to im		(b)	Corde	7	- 1/20	7-1910	N. C.				
1	couse (o), stote underlying cous	ing the	DUE TO, OR AS	S A CONSEQUE	NCEOF	1Qual	n				Section	
	PART 2 OTHER SIG	INIFICANT CON	IDITIONS CONT	RIBUTING 10 D	EATH BUT	NOT RELATED TO	THE JERMIN	NAL DISEASE	ORCONE	ITION GIVEN	N IN PART 1	0
NO				Xien	1/2 -	dell	Res	, .				
CERTIFICATION	19a DATE OF OPERA	ATION	196 CONDITIO	N FOR WHICH O	OPERATIO	N WAS PERFORM	ED	200 AUTO	PSY?		WERE FINDING CAUSES	NGS USED OF DEATH?
CER	21a. ACCIDENT WAS UN	NDERLYING	216. TIME OF IN			21c HOW INJU	RY OCCURRE	D (ENTERNAT	URE OF INJUR	Y IN ITEM 18 PAR	T + OR PART 2)	
AL	OR CONTRIBUTING		HOUR A.M.	MONTH DA	Y YEAR							
MEDICAL	216 INJURY OCCUP		21e. PLACE OF			216 LOCATION		0	CITY OF TOV	V/b)	COUNTY	STATE
Z	MHILE NOT W	VHILE CORK	(AT HOME, STREET	FACTORY OFFICE, FA	RM, ETC)	STREET		()	3/	57	17	7171
	220.1 certify that	-	ottended the de	eceased_trom	19	75	19	_, to	de	15	1	that (li)we) lost
		sed alive on (did (did not) vi			, or	nd that (my) ou	ır) opınion de	eath octurred	d on the do	te and hour o	and from the	couses stoted
	77h SIGN TORE	//	ew me budy drie	er de o m.	/	DEGREE					22c DATE	SIGNED
	11110	der	eVA	/ gu	le	PHY	SICIAN	DIRECTOR [STAF PHYSIC		177	48/
- 10	226. PHYSICIAN'S N	AME (TYPE OR PRI	NI)	, OK		226 APDRESS	LU/	2010	205	+		
	1.1	· 10	15/	166		107	OCK	US IX	se i	>/	400	
2300	URIAL, CREMATION	, REMOVAL 2	3b. DATE		1 (1)	EMETERY OR CRE	MATORY	236/10CA	HON	. 2	sarfix	STATE
1-	UR191		7-16-67	140	17 K.	chearner		165	174-	10		1.1.15
24 FL	INERAL DIRECTOR	50	2 121	ADDRESS	A	-	250. D'ATE	REC'D. BY RE	QQ7	256 REGISTR	AR. E. SIGDIMT	URE
	1 mil	7 000	101	1-4990	P A	0 = 3	1111	7 7	001			

DHMH - 16 60M 7/B4 (VRA 15, 4)

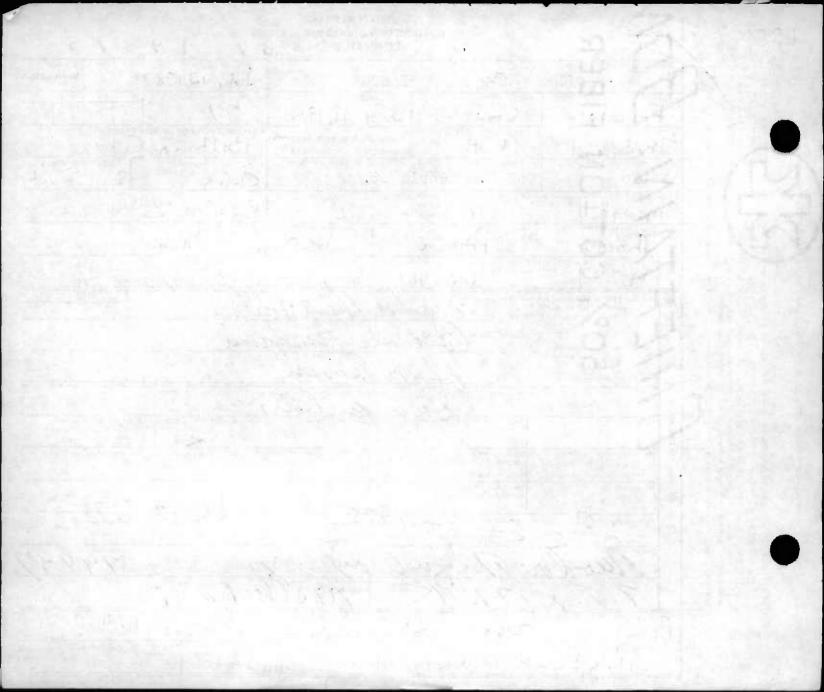
BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and should be detached for use as the burial-transit permit. Then please remove carban papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other real

bumotic event, the n

TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be retained by the haspital or attending physician.



BP_

DHMH - 17 (VR A15 ME (5))

07/84 25M

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FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

n	20	REGISTRAR		WEL	JICAL EX	AMINE	R'S CERTI	FICATE	OF DE	ATH REGINO	0.0	0 7	7
	(TYPI	EDID NAME	FIRST		MIDDLE		LAST			20 DATE KNOWN C	нтисм	DAY YEAR	ON HOUR
П			Herm	an	F.		Paint	er	16	DEATH MATED		24/19 87	4
	3. SEX	1	RACE	5. DATE OF BIRTH		AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAY		ER 24 HRS.	2c. DATE PRONOUNCED	HTMOM	DAY YEAR	240HOUF
	-	/ /	W	JUNE 12,	1903	84/YRS.	MONTHS	HOURS	MIN.	DEAD	7/	25/19 8	7 A M
>	7a 811	RTHPLACE (STA	TE OR	76. CITIZEN OF WH	AT COUNTR	Y? 8	MARRIED	NEVER MAR	PRIED	9 BALTIMORE CITY O	R COUNT	Y OF DEATH	
5	1	IRGIN	IA	US	M	V	VIDOWED X	DIVOR		Baltimion	re Ci	ty,	MD
V	10 CI	TY OR TOWN C	OF DEATH	11. NAME OF HOSE			OR OTHER INST	TUTION	12a US	UAL OCCUPATION (TYPE		126 KIND OF BU	USINESS
ř,	9	Balt	imore	1020 N.		on Ave.			17	PLORER		CONSTRU	
×	UA S1		F IN NURSING HOME O	OR OTHER INSTITUTION, GIV	134 CITY OF			DE CITY LIMITS?	112- 671	REET ADDRESS .		0 //(
þ	31	Md	136. COOK	The state of the s	BAL	Tillek		-	10	20 N. 1911	TON	AVE. Z	2/205
3	14. FA	THER'S NAME			1.0	7 7 7 6 7		THER'S MAIL		E			
)		John	,	MIDDLE	PAIN	TER		US/E	-	MIDDLE	1	TUNTLE	
-		AS DECEASED	EVER IN U.S. AR			L SECURITY N	2141 71	SPALANT		ADDRESS			
Í	(YE	ES, NO, OR UNKNOV	(IF YES, GIVE	WAR OR DATES)			Lu	TheR	E. 1	PAINTER CIE	VELD	NO TEN	in boo
q		18 CAUSE OF	DEATH (Enter on	ly one cause per line	far (o), (b), o	nd (c).)						APPROXIMAT BETWEEN ONSE	IE INTERVAL
	1	PARTIDEA		TE CAUSE (a)	Arteri	oscler	cotic C	ardiov	ascu!	lar Disease			
1	1			DUE TO, OR	AS A CONSE	QUENCE OF							
Н	-		i, if any, which										
1	12	cause (o) s lying caus	toting the under	DUE TO, OR	AS A CONSE	QUENCE OF	Te ne P		1.11	STATE OF			- 11 - 1
Н		Tyling Cabs	E 1031.	(c)									
1		PART 2 OTHER SIG	NIFICANT CONDITIONS	CONTRIBUTING TO DEATH B	UT NOT RELATED	TO THE TERMINA	OISEASE OR COND	TION GIVEN IN	PART 1 to .				
	CERTIFICATION												
	IV.	19a DATE OF	OPERATION	196. CONDIT	ION FOR WH	IICH OPERAT	ION WAS PERF	ORMED?				20 AUTOPSY	?
4	F	3.93		5.4								YES 🗆	NO DX
5	CER	210 EXTERNAL		216 TIME OF		AV VEAR	21c HOW INJ	IRY OCCURE	RED (ENTER	NATURE OF INJURY IN ITEM 18 P	PART 1 OR PAR		
5		UNDERLYING	☐ OR G☐ CAUSE OF I		MONTH D	AT TEAK							
	MEDICAL	21d. INJURY O		21e PLACE O		AT HOME,	21 LOCATION					= 11111	
4	¥	WHILE AT WORK	NOT WHILE	STREET, FACTO	ORY, FARM, ETC.)		STREET			CITY OR TOWN	COU	INTY	STATE
	1								V		11.55		
	1			e of the remains desc		7	Autopsy		ion X		d in my op	inian	
		death resulted	fram: Natur	ral causes K.	Accident	, Suicid		micide	Under	termined monner			
		ACTUAL	Vnio	- 00 A	006	110		(SPECIFY)			DATE	7/00	107
7		SIGNATURE_	www.	two his	011	440	M.D. AS	sistar	IT_MED	OICAL EXAMINER	SIGNE	7/26	/8/
		EXAMINER'S N	Mare Mare	garita A.	Korel	1. M.D.	400050		111	l Penn St.			
	23a BL	JRIAL CREMATI	ON, REMOVAL 2				ERY OR CREM			OCATION			
	(5)	PECIFY)		7/29/57	1	KLAW			CITY	Sp/To	COUN	MY MSI	TATE
		INERAL DIRECT	OR	,,,,,	1 - //	1 4 17 00	V L Z 1	250. DATE	E REC'D. B'	Y REGISTRAR 256 REGIS	STRAR'S SI	IGNATURE	
	140	NAME TLEY	1 M.1/=	7.52.7	HARF F	End	Rd	11.11	00	4007 1.	pu 8.	D. 100	0.

_		FOR
1	-	STATE
		REGISTRAF

JUL

STATE OF MARYLAND

	,	FOR	DE	PARTMENT OF H	EALTH AND MENTA	AL HYGIENE									
	1 -	STATE REGISTRAR		CERTIFICATE OF DEATH 8 7REG. NO. 1 0 0 3 3											
ı	3-9E	SED NAME FIRST	WIDGLE		AST	20 DA	ATE OF DEATH MO	D INC	Y R	HOUR					
3	YP	COTIN	, a	F	almer		0-	7 27	87	493					
	3. SEX		4 RACE	5. DATE O	OF BIRTH	6 AGI	E IN YEARS LAST BIRTHO	DAY) IF UN	DER I YEAR	IF UNDER MINES					
		Female	Negro	MONTH	2 04 YEA	3	74	MONTH	45 DAYS	HOURS MIN.					
100	7a. Bil	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COU		1	9 BAL	TIMORE CITY OR	COUNTY OF D	DEATH						
4	C	VINGINIA	IISA	MARRIE		D	3 Ho.	Cit	V	JM					
	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL,	NURSING HOME	OR OTHER INSTITUTIO	N 1 120 U	SUAL OCCUPATION			BUSINESSOR					
)		Balto.	Deaten Ho	Sp. & IVE	d. Centry	with TYPE	OF WORK FOR MOST OF W	A.	VDUSTRY						
1	13a S	L RESIDENCE HE NURSING HOME OR	OTHER INSTITUTION GIVE RESIDEN		13d INSIDE CITY LIM	urse hasr	REET ADDRESS / Z	ZIP CODE .		10					
2		Md. +	B	ato.	YES NO		35 KIC	KAI	10:	21218					
	14 FA	THER'S NAME	MIDDLE , L	A51 1	15. MOTHER'S MAID!	ENNAME	MIGDLE		LAST						
)		JOHN	Jack	SON	Ma	120	Tall X		nes	1					
		AS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIA	AL SECURITYNO.	17 INFORMANT	11 P	ADDRESS	, CHUS	bond						
		NO	1217-	12-3465	CHIPTO	N 1	aimer	SA	ME A	+DDY05					
		18 CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE	nly ane cause per line far (a),	(b), and (c).)	+	. 0		4	BETWEEN ON	ATE INTERVAL					
			TE CAUSE (a)	har	4/12/	polinos	nay asso	7	20	multer					
			DUE TO, OR AS A CON	SEQUENCE OF	1 . 1:0%	. 1. t.	11.000	2000							
		Canditians, if any, which gave rise to immediate	(b) [D	of all	i and ffer	an your	Long	ancy							
		cause (a), stating the underlying cause last.	DUE TO, OR AS A COM	NSEQUENCE OF											
į		PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTION	AC TO DEATH BUT	NOT BELATED TO THE	E TERMINIAL D	ISEASE OR CONDI	TION COVEN IN	I BADI II-						
	Z	TAKE OTTEN SIGNIFICANT	CONDITIONS CONTRIBUTE	NO TO DEATH	NOT KELATED TO THI	L TERMINAL D	ISEASE ON CONDI	ION GIVEN II	TAKI IIU						
h	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	20a		206 IF YES, WE							
7	I E					YES		IN CERTIFYING YES	CAUSES O	NO [
	CER	210. ACCIDENT WAS UNDERLYING		TH DAY YEAR	21c HOW INJURY O	OCCURRED (E	NTER NATURE OF INJURY	NITEM 18 PART I	OR PART 2)						
1	MEDICAL	OR CONTRIBUTING CAUSE OF DEA	AIN I	19											
	ED	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE FARM FIC I	211 LOCATION STREET		CITY OR TOWN		OUNTY	STATE					
	>	AT WORK NOT WHILE AT WORK	(Ar visite, since), racioni,	Office, Fakin, every				I CK							
		22a I certify that (I) (this hasp)	7 177	1100	26 19_	87, to	,	. 19		at (I) (we) last					
			t) view the body after death		nd that in (my) (aur) a	pinian death a	ccurred an the date	and have and	fram the ca	uses stated					
		22b. SIGNATURE	-1/		DEGREE ATTEND	ING MED	DICAL STAFF		226 DATE SI	GNED					
_		B. June	w		PHYSIC		CTOR PHYSICIA	NX	1/2	101					
		22d. PHYSICIAN'S NAME (TYPE O	ENTEL		220 ADDRESS	Gen /	1- 30	101 5.	Herm	re Str					
_	00.	13 /		Las				KALK	inny	and.					
	23a B	URIAL, CREMATION, REMOVAL			EMETERY OR CREMA		LOCATION CITY OR TOWN	100	UNIY	STATE					
		Burial	7/27/87	Garrisc	n Forest V	/A	Owings	Mills	5	MD					

DHMH - 16 60M 7/B4

BP

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and a should be detached for use as the burial-transit permit. Then please remove carbon-papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the retained by the haspital or attending physician.

IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other traumatic event, the

24 FUNERAL DIRECTOR Wm. C. March F/H 1101 E. North Ave. (VRA 15, 4)

250 DATE RECD-84 REGISTRAR 256 REGISTRAR'S SIGNATURE

161468

STATE OF MARYLAND

DEPARTMENT	OF HE	ALTH	AND	MENTAL	HYGIEN
CF	RTIFI	CATE	OF	DEATH	

di-	STATE REGISTRAR				CERTIF	ICATE OF E	EATH	8	REG. NO.	1 9	4	1	8
	CEASED NAME	FIRST	THE SECTION	MIDDLE	ı	AST		20. DATE O	FDEATH MONT	H DAY	YEAR	26 HOL	JR P
(1	BERT')	BIRT		M.	PA	LMORE		JUI	Y 26TH	, 198	7	3	:06M
3 SEX	(1 RACE		5 DATE C			6 AGE (IN	YEARS LAST BIRTHDAY)	MONTHS	ER TYEAR	IF UNDER	R 24 HRS
M	IALE		BLACK		11	16	YEAR	8	6	YRS	DATS	HOURS	Willia.
	RTHPLACE (STATE	OR FOREIGN		WHAT COUNTRY?	8				DRE CITY OR CO		EATH		
	OUNTRY)			1104	MARRIE	- V	VORCED	BA	LTIMOR	E CIT	Y		MD.
10. CT	TY OR TOWN OF	DEATH	11. NAME OF	USA HOSPITAL, NURSII	NG HOME C				OCCUPATION	126	KINDO	F BUSIN	
	BALTIM		THE	JOHNS B	HOPKI	NS HOS	SPITAL	STE	EL WORKE	R INC	BETH	, ST	TEEL
13a. S	TATE MD	NURSING HOME OR		130. CITY OR TOV		13d. INSIDE C	NO [ADDRESS ZZIP N. WASI	CODE HINGTO	N ST	2121 REET	3
14 FA	RICHARD		MIDDLE	PALASIMO	RE		S MAIDEN NA ALLIE	ME	MIDDLE		1 18	ASH	
16a W	VAS DECEASED E	VER IN U.S. AR	MED FORCES?	166 SOCIAL SECT		17. INFORMA		7-0	ADDRESS				
	NO OR UNKNOWN	(1) (1) (1)	t was on party	217-01-	0361	LOUI	SE RUFF	IN	1225 N	. WASH	INGT	ON S	STREE
	Conditions, if gove rise to cause 101, s underlying co	IMMEDIA ony, which immediate toting the	D BY: TE CAUSE (b) DUE TO, O	R AS A CONSEQUER AS A CONSEQUE		COKE	· · · · · · · · · · · · · · · · · · ·				24	house and	
CERTIFICATION	PART 2 OTHER			ONTRIBUTING TO				200 AUT	OPSY? 20b.	IF YES, WER	E FINDIN	NGS USE	TH?
	210. ACCIDENT WA	- Committee - Comm	110110 1	FINJURY M. MONTH D	AY YEAR	21c HOW IN	JURY OCCUR	RED (ENTERN	TATURE OF INJURY IN IT	EM 18 PART 1 OF	RPART 2)		
CAI	(IF EITHER NOTIFY	MEDIC AL EXAMINE	P. P.	M.	19								
MEDICAL	216 INJURY OCC	OT WHILE TWORK	21e PLACE	OF INJURY REÉT, FACTORY, OFFICE,	FARM, ETC)	21f LOCATION			CITY OR TOWN	cc	YIMUC		STATE
			tal attended the	deceosed from 19_	8+.	nd that in my		death occurr	4/26 ed on the date or		from the	couses st	toted
	With	The Jo	2.71	the)	1	10		MEDICAL DIRECTO	STAFF R PHYSICIAN	2	-1	SIGNED Z6	78
	M PHYSICIAN	SNAME LIVES	2. Ho	lland		600 a	D. Wal	lfe si	r., Bulti	noe, 1	NO	ZIZ	20.
	SURIAL, CREMATI	ON, REMOVAL	7/31/			EMETERY OR		BAY	LTO.	COUP	NIY		MD
	M CME MAR		ERAL HOM	E 1101	E. NO	ORTH AV	E So DA	1 400	REGISTRAR 256 R		SIGNAT		

DHMH - 16 60M 7/B4 (VRA 15, 4)

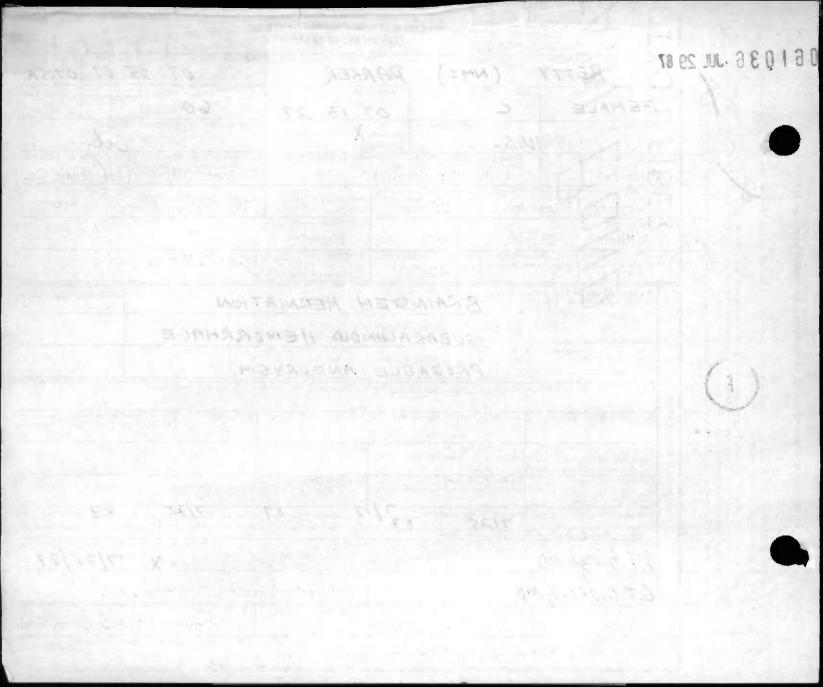
IMPORTANT: If Hem 21 is morked or Hem 18 shows any

STATE OF MA	ARYLAND
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		1-	FOR STATE			DEPART		EALTH AND	MENTAL HYG	IENE		7	
120	026 ## 20	10.00	REGISTRAR	0.000		- IDDIE		nker	VENTIII .	REG. N	O. J. J.		7
001	ה ש מ ביחר S	A.V.	CEASED NAME B	effy ア ア ソ	Lou	NDDIE	DA	DUED		20-BATE OF DEATH		200	HOUR
	oy b	2.05					Pri	CALK		6. AGE (IN YEARS LAST BIR			UNDER 24 HRS
	of ter a	3. SE	FEMALE		RACE		5. DATE C	DAY	YEAR	O. AGE (INTERNSTAST BIN			OURS MIN.
	age age	1					0	7 13	27	60	YRS		
	7. h. p		RTHPLACE (STATE OR FO			WHAT COUNTRY	MARRIE	NEVER	MARRIED -	9 BALTIMORE CITY C		TH.	
	de de de		lisbury, Mar				WIDOWE	D D	NORCED	BALTI	-	5	MD
100	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	TY OR TOWN OF DEAT	H 3	11. NAME OF HOSPITAL, NURSING HOME ((IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)					120. USUAL OCCUPAT	USINESS OR		
201	000	and .	ltimore	University Hospital					Business O	lepho	ne Co.		
AND 21	filled by			Wicor		13a. CITY OR TOV	WN	13d. INSIDE (CITY LIMITS?	13e STREET ADDRESS 121 Easte	zip code rn Avenue	2	21801
RYL	The stelly and stelly	14. FA	THER'S NAME	AA	IDDIE	LAST			'S MAIDEN NA	ME MIDDLE		LAST	
MA	pund ox		William	Har	old	Davis		Bed	atrice	Mode	Pars	ons	
BALTIMORE,	n and co	160. WAS DECEASED EVER IN U.S. ARMED FORCES? (160. SOCIAL SECURITY NO. 17 INFORMANT Mr. William S. Parker (Husband) Same as #13e											
BALT	hysica papen brod ert, the		18. CAUSE OF DEATH PART I, DEATH WA			line for (a), (b), o	USTE				BE.	PPROXIMATE WEEN ONS	TE INTERVAL SET AND DEATH
IS NO	ding p or rem office ever		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BRAINSTEN HERNIATION DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which (b) SUBARACHNOLD HEMORRHAGE										
W. PRESTON ST	e other nove of carlon troum	-	Conditions, if any, gave rise to imme		1				HEM	ORRHAG	-=		
1 W. P	111		couse (a), stating underlying couse		DUE TO, OF	PROBA	BLE	ANI	EURY	SM.			
NDS, 201		Z O	PART 2 OTHER SIGNI	IFICANT CO	ONDITIONS <u>CC</u>	NTRIBUTING TO	DEATH BUT	NOT RELATE	D TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PA	RT 1(a)	
RECOR	1 11110	CERTIFICATION	190 DATE OF OPERATI	ON	196. CONDI	TION FOR WHIC	H OPERATIO	N WAS PERFO	ORMED	200 AUTOPSY?	206 IF YES, WERE IN CERTIFYING CA	AUSES OF	DEATH?
TAL	48 2564	Į .	21a, ACCIDENT WAS UNDE	NIVELS [21b. TIME O	E IN LINEDY		In now i	LILIBY OCCUP	YES NO	YES [NO []
N N	At all a		OR CONTRIBUTING CA				DAY YEAR	ZIE, HOW IF	NJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I ORP.	IRT 2}	
Z	YSIC ling s cer ouria Ment	MEDICAL	(IF EITHER, NOTIFY MEDICA 21d INJURY OCCURRE		P.I		19	211 LOCATI	ION				
DIVISION OF VITAL RECORDS,	offer the base the base the base the band A	ME	WHILE NOT WHILE AT WORK	E		EET, FACTORY, OFFICE	, FARM, ETC)	STREE		CITY OR TO	OWN COU	414	STATE
	R: A USE GENERAL SERVICE A		22a.1 certify that (I) (07	18	. 19 8		19_8		it (I) (we) lost
	Sprite CTO CTO of h		saw the decease obave, (I) (we)(di	d) (did nat)	view the body	ofter death.) (our) opinian	death accurred on the d			
	the har L DIRE		276 SIGNATURE	CM is				DEGREE	ATTENDING PHYSICIAN F	MEDICAL STA		125	187
G-6170	by by by State	1	22d PHYSICIAN'S NA		PRINT			22e ADDRE] DIRECTOR [] FITTSIN	- IAIN A		7
73	TO HOSPITAL retained by the TO FUNERAL should be determined to with the State IMPORTANT:		G.T. GIORGIO, MD University Hospital, Baltimore, Md.										
	BP	230 8	BURIAL, CREMATION, REMOVAL 1236. DATE 1234 NAME OF CEMETERY OR CREMATORY 1234 LOCATION CHYOR LOWN CHOOSE COUNTY OF C							SHATE			
			Burial		0//2	8/1987	arson	Ceme	,				
	DHMH - 16 60M 7/84	24 FU	ineral director	eral H	ome P	A SPIES	bury A	Agrylan	250 DAT	E REC'D. BY REGISTRAR	256. REGISTRAP'S SI	GNATUR	lack
	(VRA 15, 4)	1	TIOWAY I OIL	orar I I	OTHE,	re, Julis	DOLY, I	nur yrun	I III	2 8 1987	1		

DHMH - 16 60M 7/84 (VRA 15, 4)



1				STATE	OF MARYLAND							
	1	FOR STATE REGISTRAR	. 19	9	8 0							
		CEASED NAME FIRST DOROTH	Y BEATRICE /	0 0 01 0				-87	12.15 PM			
1//	3. SEX	FEMALE	BLACK	MONTH	ISAY 1931	6. AGE (IN YEARS LAST BIR	HOURS MIN.					
1		RTHPLACE (STATE OR FOREIGN 76)	CITIZEN OF WHAT COUNTRY?	MARRIE	NEVER MARRIED D	BALTIN	R COUNTY OF	DEATH C/7	MD.			
4	10 CI	ALTIMORE	NAME OF HOSPITAL, NURSING JE NOT IN SUCH FACILITY, GIVE STREET AD BON SECOU	DRESS)	HOSP,	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST RETIRED P	SYSTEM.	IZE KIND O INDUSTRY OF,	BALTO.			
1	130 S		HER INSTITUTION GIVE RESIDENCE BEFORE ALL Y 130. CITY OR TOWN		13d INSIDE CITY LIMITS? YES NO [13. STREET ADDRESS	ZIP CODE B	RD.	ORE, MO. 21229			
0	14. FA	THER'S NAME FIRST ADOLPHUS	KELL	V	15. MOTHER'S MAIDEN NAM	WIDDLE		LAS	.1			
-	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO. 17 INFORMANT MR. ADDRESSBACTIMORE, MO. (145. NO. OR UNKNOWN) (14 YES. GIVE WAR OR DATES) 219-30-6295 FRANKLIN PARKER 4219 COLBORNE R.											
9		PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.		1A	- RENEL 1	FAILURF						
	NOI	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 METASTATIC CARCIN OMATOSIS										
	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHICH O	PERATIO	n was pe rformed	200 AUTOPSY? YES NO	20b. IF YES, W IN CERTIFYIN YES	ERE FINDING CAUSES	NGS USED OF DEATH?			
	EDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M.	YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM IS PART	OR PART 2)				
	MEDI	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	216 PLACE OF INJURY LATHOME STREET FACTORY, OFFICE, FAR	M. ETC)	211 LOCATION STREET	CITY OR TO	wn	COUNTY	STATE			
		270.1 certify that (I) (this hospital) attended the deceased from										
		27b. SIGNATURE	6	m		MEDICAL STA	FE IAN	22¢ DATE	BIONED .			
1		22d. PHYSICIAN'S NAME UMPFOR P	mm)		27-17 H	Romonos	Perst	2/ 3	21227			

DHMH - 16 60M 7/84

(VRA 15, 4)

ould be detached the State Dep

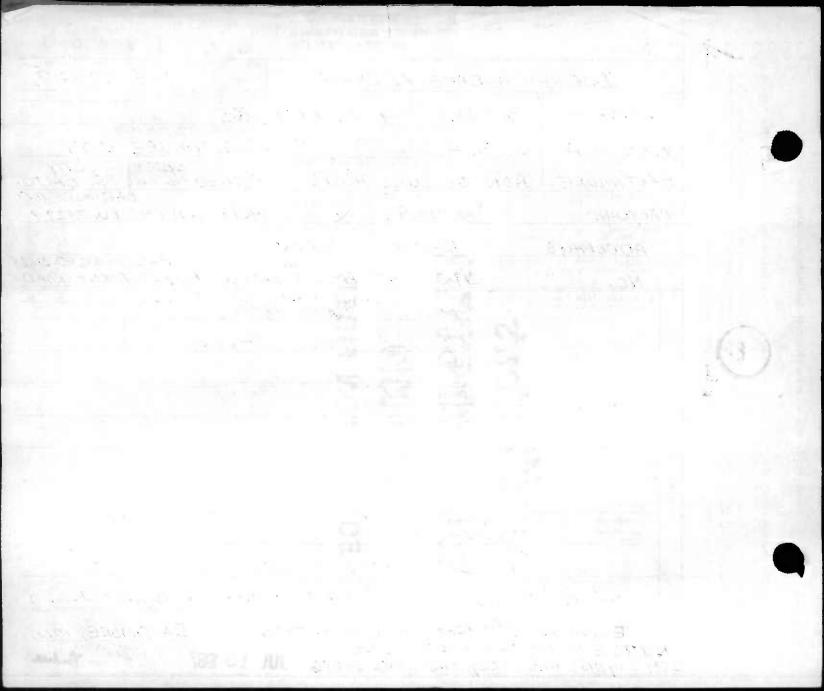
230 BURIAL, CREMATION, REMOVAL

236 NAME OF CEMETERY OR CREMATORY

250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE

JUL 15 1987 WOODLAWN CEM. "NUTTER FUNERAL HOMES, INC. 2501 GWYNNS FALLS PKWY, BALTO, MO. 21216

Alia Sinder Randalli



				STAT	OF MARYLAND		
61576\AUG-	4	FOR STATE GISTRAR	DEP		EALTH AND MENTAL HYGICATE OF DEATH	REG. NO. 9	98
oy be death	(TYPE	EASED NAME FIRST	R.	Parties	-, Sv	20. DATE OF DEATH MONTH	1987 6:30 PM
ge 4 m ector, F	I. SEX	MEO	RACE B 2	S. DATE C	DAY YEAR S 1909	6. AGE (IN YEARS AST BIRTHDAY)	MONTHS DAYS HOURS MIN.
oth.	o BIR	THPLACE (STATE OR FOREIGN 7	LI SA	MARRIE	/ \	BALTIMORE CITY OR COU	NTY OF DEATH
- 4 4 4 2 2 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1	0. CIT	Y DR TOWN OF DEATH	1. NAME OF HOSPITAL, NI	JRSING HOME		120 USUAL OCCUPATION (TYPE OF SORK FOR MOST OF WORKIN	12h KIND OF BUSINESS OR
in 24 haurs of the haurs of the hauld be filed	130. S	aryland -			13d. INSIDE CITY LIMITS?	130. STREET ADDRESS / ZIP CO 3703 Ellament	El, 21215
maker and a maker and a maker and a maker a ma		John	H. Pan	Ker	MOTHER'S MAIDEN NAM	MIDDU.	Freeman
be execu		AS DECEASED EVER IN U.S. ARM ES, NO OR UNKNOWN) (IF YES, GIVE	war or dates) 217-0	SECURITY NO. 17-4673	Harry R. Parl	Ler, Jr 8648	Worn Mountain Uk
; # 4 9 5 9		18 CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED IMMEDIATE	BY:	2 1	manary Arres	+	APPROXIMATE INTERVAL BETWEEN OWSET AND DEATH
hot the death ce by the ottending size remove corb I, creation, and		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONS (b) AVTOV DUE TO, OR AS A CONS (c)	rosde,	rotic Hea	To disease	# Ryvs
RDS, 20 equires to n signed Then ple r to buria injury, ar	NO	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING	G TO DEATH BUT	NOT RELATED TO THE TERM	IN L DISEASE OR CONDITION	GIVEN IN PART 110
TAL RECOR	CERTIFICATION	90 DATE OF OPERATION	19b. CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
YYSICIAN: The ding physicia physicia physicia physicia physicia por incol-tronsit mental Hygie pri hem 18 sha		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM	18 PART (OR PART 2)
ING PHYS r offenthis c os the bur iff and Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, O	FFICE, FARM, ETC	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
NTTEND spitol of Spitol of Heal of Hea		220.1 certify that (I) (this hospital sow the deceased alive an above, (I) (we) (did) (did not)	7/27/87		d that in (my) (our) opinion of	deoth occurred on the date and	, 19 , that (I) (we) lost hour and from the causes stated
TAL OR A y the hor RAL DIRE detoched tote Dept. TI: If them		226 SIGNATURE	nocus, r	DN		MEDICAL STAFF	220 DATE SIGNED 7/29/87
TO HOSPITAL Of retained by the TO FUNERAL Displayed by the Manual be detained by the Manual be store Displayed by MAPORTANT: If		22d. PHYSICIAN'S NAME (TYPE OR	, Marcus		1576 Mer	TO BIVE Su	ite 17 md 21222
BP		URIAL, CREMATION, REMOVAL PECIFY) Burial	8/1/87		EMETERY OR CREMATORY Memorial Par	k Arbutus	COUNTY STATE MD

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

Wm. C. March F/H West 4300 Wabash Avenue

STATE OF MARYLAND

EPARTMENT	OF	HEALTH	AND	MENTAL	HYGH
FI WELLIERI	U	HEMEIH	MIND	MENIAL	птоп

61	- STATE REGISTRAR			CERTIF	ICATE OF	DEATH	8 7 REG. N	0 1 9	9 8	3 2	
	ECEASED NAME FIRST		WIDDLE		AST		2a DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR \	
	Georg	je	E.	Parl	ker		51 (9	1987	1.0	
3. SI	EX	4 RACE		S. DATE (6. AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS	
	male	black			11 18 1934		52	YRS	NINS DATS	HOURS MIN	
7a 8	SIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MADDIE	D NEVER		9 BALTIMORE CITY OR COUNTY OF DEATH				
	Va	USA	1	WIDOWI		VORCED [Baltimore	M			
10 (CITY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INS	TITUTION	12a USUAL OCCUPATI		12b. KIND O	F BUSINESS OF	
	Baltimore	2609 K	Reyworth A	Avenu	9		Disable		II 4D O STRT		
	JAL RESIDENCE (IF NURSING HOME STATE 13b. COI		13c CITY OR TOW	N	13d INSIDE C	ITY LIMITS?	13e.STREET ADDRESS	ZIP CODE			
	Md		Baltimor	e	YES 🚺	NO 🗌	2609 Key	worth	Avenue	21215	
	ATHER'S NAME	MIDDLE	LAS1			S MAIDEN NA/	WE		1127 745	r	
-	lathaniel		Parker		1	eresa			Will'i	ams	
160	(YES, NO OR UNKNOWN) (IF YES, C	ARMED FORCES? GIVE WAR OR DATES)	16b SOCIAL SECU		17 INFORMA		ADDR				
	NO		230-30-3	558	Inere	sa Park	er 2609	Keywor			
	18 CAUSE OF DEATH (Enter PART I, DEATH WAS CAUS	anly ane cause per	line far (a), (b), one		^ -	noo	· ·		BETWEEN	MATE INTERVAL DISET AND DEATH	
		ATE CAUSE (a)	CAR	01	AC	ARR	EST		IMME	DIATE	
		DUE TO, O	R AS A CONSEQUE		010	RHOS	10		5-1	OYRS	
	Canditions, if any, which gave rise to immediate	(b)_	LIVE	212	CIIC	101403	(3		-		
	cause (a), stating the underlying cause last.	DUE TO, O	R AS A CONSEQUE	COL	40 LI	Sm			10104	R	
	PART 2 OTHER SIGNIFICAN	CONDITIONS	ONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 1:0	174 14 5	
∑ N	MEISTATI	5 CA	WERR C	SF O	LUNG						
CERTIFICATION	190 DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	RMED	200 AUTOPSY?		WERE FINDIN		
E			All Division	-01			YES NO	YES		NO 🗌	
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D		OF INJURY .M. MONTH DA	YEAR	21c HOW IN	JURY OCCURR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PAR	T I OR PART 2)		
CAL	(IF EITHER NOTIFY MEDICAL EXAMIN		M.	19							
MEDICAL	21d. INJURY OCCURRED		OF INJURY	ARM ETC)	211 LOCATR		CITY OR TO	WN	COUNTY	STATE	
1	AT WORK NOT WHILE			0							
	220.1 certify that (1) (this has	-	2	7 -	30-	19 06	, to	. 19		that (I) (we) las	
	saw the deceased alive of above, (1) (we) (did) (did)	not view the body	alt r death.			(aur) opinion o	death accurred an the d	ate and hour o	ind fram the c	causes stated	
	226 SIGNATUR	125/	/		DEGREE	ATTENDING.	MEDICAL STAI	E	220 DATES	SIGNED	
	1//	OW	2 MP			PHYSICIAN X	DIRECTOR PHYSIC	IAN 🗌	17/1	0/97	
	22d. PHYSUIAN NAME (TYPE	. 1/			B 200		ONTER ME		-1		
-	1171 K. DI		ha and		1443		K HELGHT.	AVE	2121	5	
230	BURIAL, CREMATION, REMOVA (SPECIFY) Buria!	7/14/			emetery or demoria		Randal 3	town	COUNTY	bM1s	
	Dui ia:	1 / / 14/	0/	119	iciliot La	1	I Namual 13	COWII		TIU	

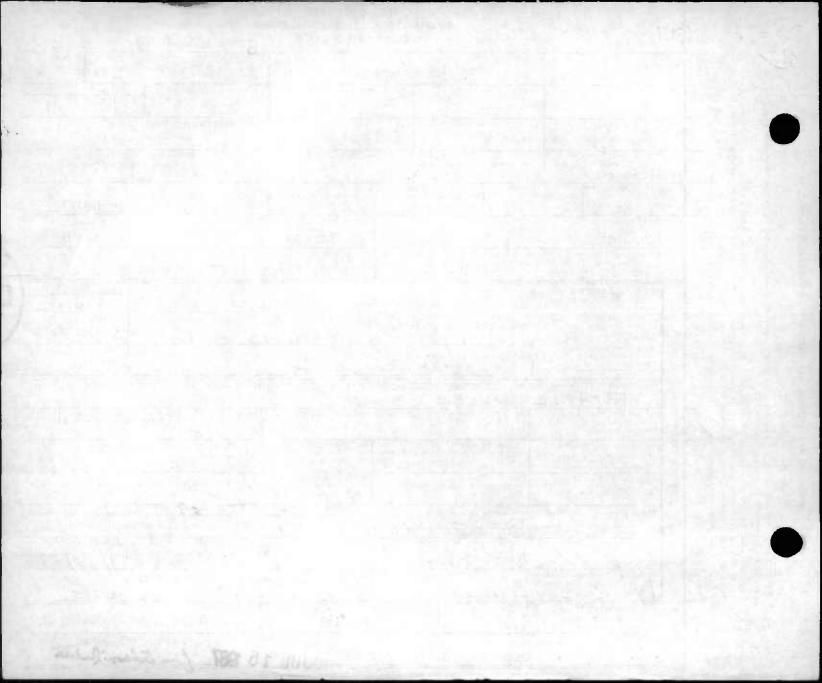
BP

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR Afficiency should be detached for use as with the State Dept of Health

Wm. C. March F/H West 4300 Wabash Avenue

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE tia Diridon Parlacto



requires that the death certificate

OR ATTENDING PHYSICIAN. The

the hospitol

BP.

TO HOSPITAL

060247

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYCIENE

26. HQUR

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MD

	FOR
1 -	STATE
	REGISTRA
-	

TH			CERTIFICATE OF DEATH	B / REG. N	10. 9 9 8
40	SED NAME FIRST	MIDDLE	Partland	20. DATE OF DEATH	MONTH DAY YEAR 2
3 SEX	1001110	RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIR	
F	emale	Black	05-14-19	66	YRS
P BIN	OUNTRY HO. Md.	CITIZEN OF WHAT COUNTS	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltino RECTIVE	nore at
10 CI	Baltimore	1. NAME OF HOSPITAL, NUR HE NOT IN SUCH FACILITY, GIVE 911	SING HOME OR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O	OF WORKING LIFE) INDUSTRY
130. S	TATE 13b COUNTY		FORE ADMISSION) OWN 13d INSIDE CITY LIMITS? YES NO [] 15 MOTHER'S MAIDEN NA	130 STREET ADDRESS	JENHANST.
	Joseph	Ster	wart Annie	MIDDLE	Johnson
	/AS DECEASED EVER IN U.S. ARMI (IF YES GIVE V	ED FORCES? 166 SOCIAL SI WAR OR DATES) 217-01	7-6542D Helen	Partow	911 beaden
	18 CAUSE OF DEATH (Enter only PART 1. DEATH WAS CAUSED	ane cause per line far (a), (b)	Desainata. Fa	: Line	BETWEEN ON
	IMMEDIATE	and the second second	respirating (a)	<i>iiiiii</i>	
	Canditions, if ony, which	DUE TO, OR AS A CONSE	Ilha Chnhon		
	gove rise to immediate		ung witter		
	cause (a), stating the	DUE TO, OR AS A CONSE	OUEN SE OF		
	underlying cause last.	(c)	<u> </u>		
NQ	underlying cause last.	(c)	OUE OF	LINAL DISEASE OR CON	IDITION GIVEN IN PART 110
IFICATION	underlying cause last.	onditions <u>contributing</u> 1	<u> </u>	200 AUTOPSY?	20b. IF YES, WERE FINDING IN CERTIFYING CAUSES OF
CERTIFICATION	underlying cause last. PART 2. OTHER SIGNIFICANT CO	DNDITIONS CONTRIBUTING 1 196 CONDITION FOR WH 216 TIME OF INJURY	IO DEATH BUT NOT RELATED TO THE TERM ICH OPERATION WAS PERFORMED 21c HOW INJURY OCCUR	200 AUTOPSY? YES NOW	206. IF YES, WERE FINDING IN CERTIFYING CAUSES OF YES
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CERTIFICA	Underlying cause last. PART 2. OTHER SIGNIFICANT CO 19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING	196 CONDITION FOR WH 216 TIME OF INJURY HOUR A.M. MONTH P.M. 216 PLACE OF INJURY	ICH OPERATION WAS PERFORMED 216 HOW INJURY OCCURI	YES NOW	20b. IF YES, WERE FINDING IN CERTIFYING CAUSES OF YES THE PART (OR PART 2)
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CERTIFICA	UNDERLYING COUSE TOST. PART 2. OTHER SIGNIFICANT CO 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE NOT WHILE CONTRIBUTED.	198 CONDITION FOR WH 218 TIME OF INJURY HOUR A.M. MONTH P.M. 218 PLACE OF INJURY (AT HOME STREET FACTORY OFFI	ICH OPERATION WAS PERFORMED 21c HOW INJURY OCCURI 19 211 LOCATION STREET	YES NOW	20b. IF YES, WERE FINDING IN CERTIFYING CAUSES OF YES THE PART (OR PART 2)
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CERTIFICA	UNDERLYING COUSE LOST. PART 2. OTHER SIGNIFICANT CO 190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING ALSO DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE ALWORK 220 I certify that (I) (this hospital)	ONDITIONS CONTRIBUTING TO THE CONDITION FOR WHE CONDITION FOR WHE CONDITION FOR WHE CONTRIBUTION FOR WHE CONTRIBUTION FOR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME STREET FACTORY OFFI	DAY YEAR 19 216 HOW INJURY OCCURI 19 216 LOCATION STREET 217 LOCATION STREET 218 LOCATION STREET DEGREE	200 AUTOPSY? YES NOW CITY OR IC to Gath occurred on the d	20b. IF YES, WERE FINDING IN CERTIFYING CAUSES OF YES TO Y
CERTIFICA	UNDERLYING COUSE LOST. PART 2. OTHER SIGNIFICANT CO 19th DATE OF OPERATION 21th ACCIDENT WAS UNDERLYING COUSE OF DEATH (IF EITHER, NOTHY MEDICAL EXAMINER) 21th JURY OCCURRED WHILE ALWORK 21th ORK 22th ORK 22t	ONDITIONS CONTRIBUTING TO THE CONDITION FOR WHE CONDITION FOR WHE CONDITION FOR WHE CONTRIBUTION FOR WHE CONTRIBUTION FOR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME STREET FACTORY OFFI	ICH OPERATION WAS PERFORMED DAY YEAR 19 211 LOCATION SIREE1 The property of the term 19 211 LOCATION SIREE1 212 And that in (my) (our) opinion	200 AUTOPSY? YES NOW RED (ENTER NATURE OF INJU CITY OR IC	20b. IF YES, WERE FINDING IN CERTIFYING CAUSES OF YES
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MEDICAL CERTIFICA	UNDERLYING COUSE LOST. PART 2. OTHER SIGNIFICANT CO 19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED AT WORK NOTIFY MEDICAL EXAMINER) 22a I certify that (I) (this hospitol sow the deceased alive on obove, (I) (we) (did) (did not). 22b. SIGNATURE	ONDITIONS CONTRIBUTING I	DAY YEAR 19 211 LOCATION SIREE1 DEGREE ATTENDING PHYSICIAN 22e ADDRESS ANAME OF CEMETERY OR CREMATORY	200 AUTOPSY? YES NOW CITY OR IC , to 4 death occurred on the d	20b. IF YES, WERE FINDING IN CERTIFYING CAUSES OF YES
MEDICAL CERTIFICA	UNIAL, CREMATION, REMOVAL	ONDITIONS CONTRIBUTING I	DAY YEAR 19 216 HOW INJURY OCCURI 19 211 LOCATION STREET 212 And that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN [22e ADDRESS 22. S. (200 AUTOPSY? YES NOW RED (ENTER NATURE OF INJU CITY OR IC LITY OR IC AMEDICAL STA DIRECTOR PHYSIC	20b. IF YES, WERE FINDING IN CERTIFYING CAUSES OF YES

DHMH - 16 60M

(VRA 15, 4)

A Section of the Control of the Cont

061666 AUG	5 -5	R TATE REGISTRAR	DEPARTM	STATE OF MARYLAND LENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE REG. NO.	9984
V 2 75		CEASED NAME CHARLES Charles	EDWARDS	PARKS Parks	20. DATE OF DEATH MONTH	27 87 26 HOUR 27 87 22:45 _M
	3. SE	M	Caucasion	5. DATE OF BIRTH MONTH DAY YEAR 3 /8 35	6. AGE (IN YEARS LAST BIRTHDAY) 52 YR	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN 25.
	lang per	COUNTRY	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore City or Coul	e City Mo.
102	3 6	ultimore	Loch Raven L	A Kosnital	170 USUAL OCCUPATION [TYPE OF WORK FOR MOST OF WORKIN U.S. Air Force	126 KIND OF BUSINESS OR INDUSTRY U.S. GOV't.
AND 21	130 M	aryland 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ITY 13c, CITY OR TOWN Baltimo	re 13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CO 428 S. Bentalo	
	3	Clarence C	ooke Parks	15. MOTHER'S MAIDEN NA FIRST Mary	Alverta	Stewart
TIMORE be seen		WAS DECEASED EVER IN U.S. ARI YES NO OR UNKNOWN) 1956 Yes 1956	med forces? 166 Social Secul E-1976 215 30 6		rks (Wife) (Sar	me as 13e)
ST., BAL Inficore on paper emoval.	VI.	DADT I DEATH WAS CALISE	ly ane cause per line for 1a), (b), and D BY: E CAUSE (a) Cardio M	ulmonary ar	rest	APPRÖXIMATE INTERVAL BETWEEN ONSET AND DEATH
that in death or that in death or the company of the company or the company of th		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE (b) Metastat DUE TO, OR AS A CONSEQUE	ic Ca of lung		~2months
	Noir			EATH BUT NOT RELATED TO THE TERM		
A SECOND	RTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO

MEDICAL

TO FUNERAL DIRECTOR After this certificational be detoched for use as the burial-true with the State Dept. of Health and Mental or Item. IMPORTANT: If Item 21 is

TO HOSPITAL BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL Cremation

OR CONTRIBUTING CAUSE OF DEATH

NOT WHILE

236. DATE 7/31/1987

Walter Brooks Bradley Inc., Dündalk Md.

HOUR A.M.

P.M.

21e. PLACE OF INJURY

MONTH

(AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

DAY

YEAR

21222

DEGREE

211. LOCATION STREET

ATTENDING

23d LOCATION Green Mount Crematory

and that in (my) (our) opinion death occurred an the date and hour and from the causes stated

MEDICAL STAFF

Baltimore

CITY OR TOWN

COUNTY

22c DATE SIGNED

STATE

Inc. 7922 Wises Ave. Balto.Md 21222

DHMH - 17 (VR A15 ME (5)) STATE OF MARYLAND

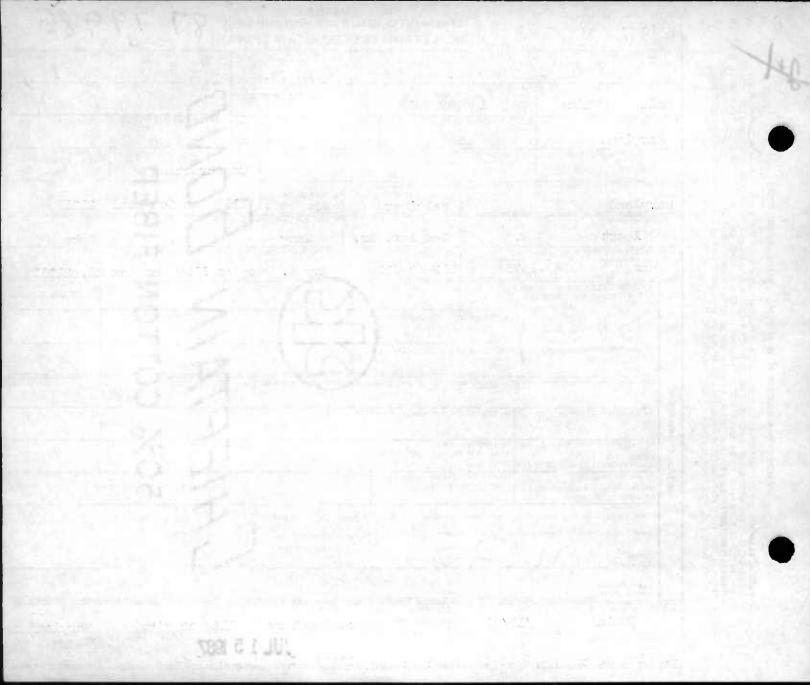
21211

A. Alan Seitz, Jr 3615-19 Chestnut Ave.

(VR A15 ME (5))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Julia Divideon Randale

060706 JUL 27	FOR STATE SCLUTTE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	REG. NO.
moy be	(TYPE OR PRINT) EdyTHE 3. SEX 4 RACE	S. DATE OF BIRTH 6 AG	DATE OF DEATH MONTH DAY YEAR 12b, HOUR 7 JULY 19, 1987 CD M GE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
deoth. Page 4	TO BIRTHPLACE (STATE OF FOREIGN TO CITIZEN OF NEW YORK	WHAT COUNTRY? MARRIED NEVER MARRIED 19. BA	ALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY MD. USUAL OCCUPATION 1/26 KIND OF BUSINESS OR
ND 21201 24 hours offer Miled in by the build be fil		HFACILITY, GIVE STREET ADDRESS) A 1 HOS PITAL GIVE RESIDENCE BEFORE ADMISSION) 13d. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e.S	HOUSEWIFE AT HOME. TREET ADDRESS / ZIP CODE #21215
BALTIMORE, MARYLAND 2120 cote be executed within 24 hours ysicion and completely fiffed in by ppers. Pages and 2-should be fift vol. it, the medical expaning mast e	4. FATHER'S NAME	ILLER SARAH	MILET N PELCADDRESS
LTIMORE to ond of irs. Poges he medica	NO	185-09-8288A 4023 GLEN AVE	BALTO.,MD 21215
W. PRESTON ST., ar the death certific the death cer	Conditions, if ony, which gove rise to immediate	CARDIOPUL MONGUY ARREST RAS A CONSEQUENCE OF RAS A CONSEQUENCE OF	APPROXIMATE INTERVAL BETWEEN ONSELAND DEATH IMMEDIATE COLNOMO VENES
CORDS, 201	CAVITATING		DISEASE OR CONDITION GIVEN IN PART 110
VITAL REC	210. ACCIDENT WAS UNDERLYING 216. TIME O	Y	IN CERTIFYING CAUSES OF DEATH? YES NO
DIVISION OF VITAL RECORDS, NG PHYSICIAN. The low requirementing physician after this certificate text. PETERS on the one Member of Peters prior 19, both one Member of Peters prior 19, both one Member of Peters and or the one desired or the other of Peters.	(IF EITHER NOTIFY MEDICAL EXAMINER) 21d IN JURY OCCURRED 21e. PLACE (۸. 19	CITY OR TOWN COUNTY STATE
L OR ATTENDER the hospital or L DisECTOR A toched to use a Copil of Healt # See 21 s mg	270.1 certify that (1) (this hospital) attended the saw the deceased alive on abave, (1) (we (did) did gat; view the body. 27b. SIGNATURE	ofter death. DEGREE ATTENDING WAS	occurred on the date and hour and from the causes stated DICAL STAFF 19 87, that (I) (we) lost occurred on the date and hour and from the causes stated
O HOSPITA Florined by TO Florible de Mould be de Mindel be de Mindel be de	22d PHYSICIAN'S NAME (TYPE OR PRINT) CARCA JANSON	M.D. PROPRESS HOSPI	MI BALTMURE
BP	236. BURIAL, CREMATION, REMOVAL 236. DATE SPECIFY BURIAL JULY 20 24 FUNERAL DIRECTOR SOL LEVINSON	,1987 BETH TFILOH	d LOCATION BALTIMORE COUNTY MARYLAND D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

21215

DHMH - 16 60M 7/84 (VRA 15, 4)

6010 REISTERSTOWN RD.

BALTO MD

3	705	-	ob-	FOR STATE	DEPAR	STATE OF MARYLAND RTMENT OF HEALTH AND MENTA	1	9 8 8
000	1 3 JUL	28	91.	REGISTRAR	MIDDLE	CERTIFICATE OF DEATH	REG. N	
	poge 3			CEASED NAME FIRST	HINE E.	THE NUCE !	ON 20 DATE OF DEATH	7- 12-87 743 AM
	e 4 mo) ctor. po s ofter d		3 SE	FEMALE	Caucasian	5. DATE OF BIRTH MONTH G T O		THDAY) IF UNDER TYEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. YRS.
-	oth Pog erol dire 72 hour	17	1000	RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTR	MARRIED WEVER MARRIET	01/1/2	R COUNTY OF DEATH
_	oft of the	13	10 0	TY ORTOWN OF DEATH	(IF NOT IN SWEH FACILITY, GIVE STR	SING HOME OR OTHER INSTITUTIO		
4D 2120	24 hours	und so un	130.	AL RESIDENCE (IF NURSING HOM TATE 13b. CO	77	ORE ADMISSION)	ITS? 130.STREET ADDRESS	ZIP CODE 22 28
ARYLAP	pletely fi	O Willed		THER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDE	EN NAME MIDDLE	LAST
ORE, M.	e Eo	Negro ex			ARMED FORCES? 166 SOCIAL SE	CURITY NO. 17. NFORMANT	ADDRE	FREEMAN J
TIW	be e	E		NO -	238.09-	4423 Sharely	~ 1. HARGET	- 1117 W. Demburg
II W. PRESTON ST., BA	The the certification of the certification of the certification of the certification of temporal	other froumonc event,		PART I. DEATH WAS CAL	DUE TO, OR ASIA CONSEC	Myo Carenial Suence OF BOLIC ACIDO.	arrest sis	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
15, 201	auir sig hen pri o birri	ury, o	z	PART 2 OTHER SIGNIFICAN	NT CONDITIONS CONTRIBUTING T	ODEATH BUT NOT RELATED TO THE	E TERMINAL DISEASE OR CON	DITION GIVEN IN PART 11a
L RECORE	n. nos been permit. T	2	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
OF VITA	Clar physical physical	9		21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MONTH	DAY YEAR	OCCURRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PART 2)
DIVISION OF		LXed of	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY	ZII LOCATION STREET	CITY OR TO	OWN COUNTY STATE
	Spitol or CTOR: Af I for use o	OE 5: 1.7:	H		ospital) attended the deceased from 7 9 19 not) view the body after death.	8 1-1	pinion death occurred on the di	ote and hour and from the causes stated
•	the hor the hor to DIRE			22b. SIGNATURE	Jamel Went		ING MEDICAL STAI	
	TO HOSPITA retoined by TO FUNERA should be de with the Stot	Z T		226 PHYSICIAN SNAME IN ANIE	PE OR PRINT) Z WEN BER	16 3001 S	S. HonouE	R
	F = F S		23a. E	URIAL, CREMATION, REMOV	AL 236 DATE 23	NAME OF CEMETERY OR CREMAT	TORY 234 LOCATION	DO COUNTY STATE

401 Halling 1111 24 1987 Julia Sinder Pudel

DHMH - 16 60M 7/84 (VRA 15, 4)

BP_

4-2-11

07/84

25M

BP

DHMH - 17 (VR A15 ME (5))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

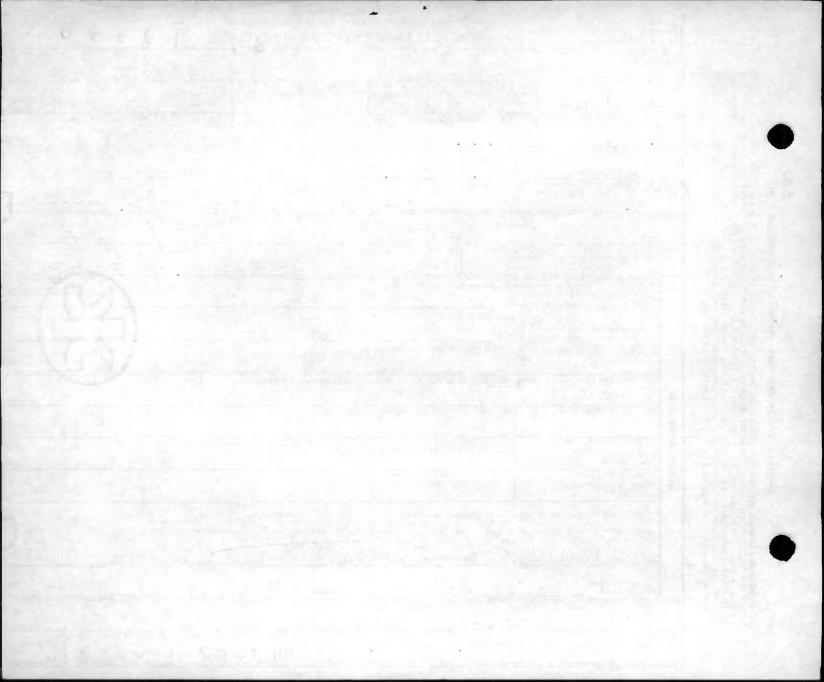
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9	REG. NO.			

11	20	SCISTRAR		WEL		AMINER		CATEDI	PUEATR	REC	G. NO.	1.5		
/L	ZUC	UISED NAME	FIRST		WIDDIE		LAST	-		ATE KNOW	N . M	ONTH D	AY YEAR	26 HOUR
		Vernon	vern	ie			People	25		OF ESTI-	· 1	7-11	19 87	AA
ń	3 SEX		ACE	5. DATE OF BIRTH		. AGE (IN YEARS	IF UNDER 1 YR.	IF UNDER 2			MO	NIH [DAY YEAR	24 HOUR
		M	p 2	MONTH DAY	YEAR	LAST BIRTHDAY)	MONTHS DAYS	HOURS	MIN. PRON	OUNCED	7-11		19 87	11:26
	Zo BIE	THPLACE (STATE	OR	3 20 7b. CITIZEN OF WH	11	76 YRS.			9 RA	LTIMORE CI	TYORCO	OUNTY	_	I A M
7	FOR	EIGN COUNTRY)				/	MARRIED NE		рП					. 15
1		S.C.		US			IDOWED XX	DIVORCE	1	Balti			*	MD.
1	IO CI	Y OR TOWN OF		II. NAME OF HOS			R OTHER INSTITU	TION	12a USUAL O FOR MOST O	CCUPATION F WORKING LIFE		VORK 12b	OR INDUST	RY
1		Baltim		1017 N.					FA	RMER		F	ARMING	
1	USUA 13a. ST		I NURSING HOME OF	OTHER INSTITUTION, GIV	E RESIDENCE BE		13d. INSIDE C	TESTIMITY I	13e STREET A	DDRESS	31			
	M		TJU. CODING			imore	YESX YES		1904 M		och	St.	21217	
		THER'S NAME						ER'S MAIDEN			7			
0		FIRST		N/A	LA	\ST		E.		WIDDLE		T	iller	
100	16a W	AS DECEASED EV	ER IN U.S. ARM		16b. SOCI	AL SECURITY N	O. 17. INFÓR			ADD	RESS	- 1	HIEL	
1	(YE	S, NO, OR UNKNOWN)	(IF YES, GIVE V					: - M	Arana 1			aah	C+ 01	21.7
	N					-42-3675	Lel	Id M.	Amoa 1	904 MC	LUII	ocn	ST. ZI	
			WAS CAUSED	y one cause per line BY:									BETWEEN ONSE	
		9	IMMEDIAT	E CAUSE (a) Ar			ic cardi	ovascu	lar di	sease		-		
				DUE TO, OR	AS A CONS	EQUENCE OF								
			if any, which ta immediate	(b)	315									
		cause (a) sta	ting the under-	< '''	AS A CONS	EQUENCE OF								
		lying cause l	ust.	(c)										
		PART 2 DTHER SIGNIF	ICANT CONDITIONS C	ONTRIBUTING TO DEATH I	OUT NOT RELATE	D TO THE TERMINAL	DISEASE DR CONDITIO	N GIVEN IN PART	T I to					
	NO		Asthma											
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1	CERTIFICATION			1									YES 🗆	NO 🔽
	ER	21a. EXTERNAL C	AUSE WAS	21b. TIME OF			21c HOW INJURY	OCCURRED	(ENTER NATURE	OF INJURY IN IT	M 18 PART T	OR PART 21	113	NO XJ
2		UNDERLYING				DAY YEAR								
-	MEDICAL	CONTRIBUTING		P.M.		19	III LOCATION							
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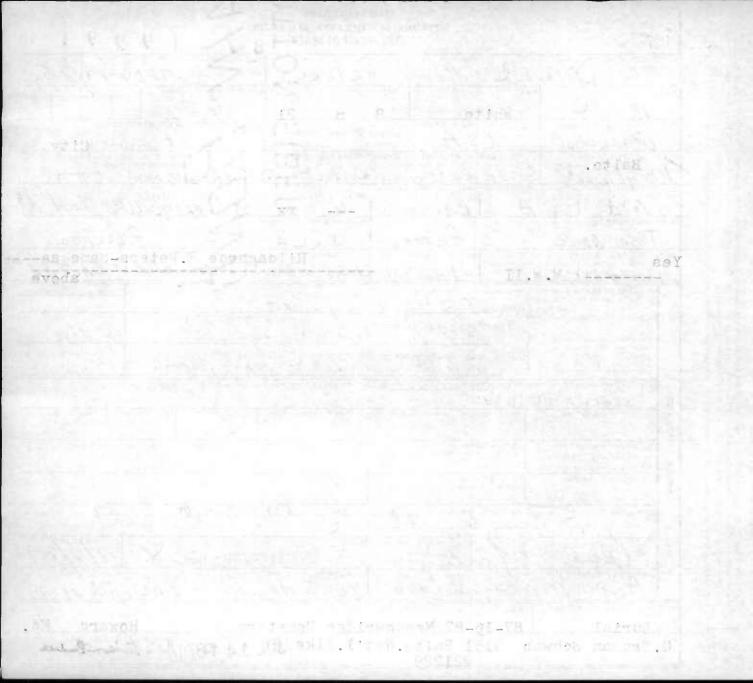
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DIVISION OF VITAL RECORDS, 201	HOULD BE EXECUTED WITH RD "PENDING" IN PENCIL "HIEF MEDICAL EXAMINE USED AS A BURIAL - TRAN OF HEALTH AND MENTAL IRIAL, CREMATION, OR RE	7	PART 2 OTNER S	IGNIFICANT CONDITIONS C	ONTRIBUTING TO BEATH	BUT NOT REL	ATED TO THE TERMI	NAL DISEASE	OR CONDITION	GIVEN IN PAR	T 1 to						
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NA NA	S CE REDE	ME	WHILE T	NOT WHILE AT WORK	STREET, FAC	CTORY, FARM, E	TC.)	51	REET			CITY OR TOW	/N	cc	YTAUC		STATE
	L EXAMINER: THIS CERTIFICATE SHOULD B CERTIFICATE, WRITING THE WORD "PENDUE BE FORWARDED TO THE CHIEF ME I DIRECTOR: PAGE 3 SHOULD BE USED A! WITH THE STATE DEPARTMENT OF HEAM MARYLAND, 21201 PRIGR TO BURIAL, CF						bo	dy or	X.								
	EXAMINER: CERTIFICATION ULD BE FOR I, DIRECTOR: I, WITH THE		17 17 11	fy that I took charge			ove, held on	Autops		Inspection		Inquiry		nd in my o	pinian		
	AMA RTIF D BE NITH RYL		death result	ed right. Noture	ol causes.	Accident	L. Sug	ride	Homici		Undeter	mined mai	nner []				
	A. A. D. C.		ACTUAL Z	leven	Es TH	nes	5/1/1	4/11	A\$SI	stant				DATE		7/9	/87
	SEA SEA	1	SIGNATURE.	0-0	~	1		- CLIPAN			MEDIC	AL EXAM	INER	SIGN	ED		- 10
	TO MEDICAL EXAM EXECUTE THE CERTIL PAGE 4 SHOULD B TO FUNERAL DIREC AFTER DEATH, WITH BALTIMORE, MARY		EXAMINER'S	NAME DE	nnis F. S	Smyth,	M.D.	A	DDRESS	111	Peni	n St.					
	PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE	23o. B	URIAL CREMA	TION REMOVAL 23			NAME OF CEM				23d LOC				ILITY		476
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25M	DHMH - 17	24. F	UNERAL DIREC	TOR					KING LO	DATE R	EC'D. BY R	EGISTRAF	25h REG	ISTRAR'S			
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159	5.17		1:	FOR STATE REGISTRAR	D	EPARTMENT OF H	OF MARYLAND EALTH AND MENTAL HYO CATE OF DEATH	GIENE REG. NO	19	91	
	noy be page 3			CEASED NAME FIRST	A RACE	7 . \$	PETERS	20. DATE OF DEATH	7-06	YEAR 26 HOUR -87 3 15	PM IRS
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	n 24 hau filled in hauld be	r must be	13a. S	Ma. B		OR TOWN LTIMORE	13d. INSIDE CITY LIMITS?	130 STREET ADDRESS /	0 111	Ed Balti,	De la
MARYL	ompletely (and 2 sl	Semine Second		1 headone	AIDDLE PA	eters	15. MOTHER'S MAIDEN NA TULIA	WE	Pil	KERTON	
TIMORE	be execu	emedical	re	AS DECEASED EVER IN U.S. ARA NOOR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	al SECURITY NO.	What -= 300	lagarde APPRES	Peters	-Same as-	42
ST., BAL	rtificate g physica anpaper	emavol.		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	y one couse per line for to DBY: E CAUSE (b) CA	1. 1	unary arres	+		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT	TH.
ESTON	deoth cer aftending love carbo	aumotic		Conditions, if ony, which	DUE TO, OR AS A CO	NSEQUENCE OF	terstitial on	eumonla		5 days	
W. PR	that the by the ease rem	or other tr		gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CO	NSEQUENCE OF	sis/severe	pancytope	enia	14 mos.	
RDS, 20	S 6 0	ta bur injury.	NOI	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUT	ING TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR COND	ITION GIVEN IN	PART 1+0	
AL RECO	he law r ian. hos bee it permit	aws any	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION	N WAS PERFORMED	YES NO		RE FINDINGS USED G CAUSES OF DEATH?	
OF VIT	CIAN: The physicic ertificate ial-transit	hem 18 share		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT		TH DAY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART TO	DR PART 2)	
IVISION	attendin ter this c	h and Ment	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTOR)		211 LOCATION STREET	CITY OR TOV	VN (COUNTY STATE	
	Sprite STO CTO For	of Healt		22a I certify that (I) (this hospit sow the deceased alive on above, (Ir) we) (did) (did not			d that in (my) our) apinion	death occurred on the do	te and hour and	from the couses stated	
0	0000	NT: If Hen		226. SIGNATURE	Marti	2mis	DEGREE . ATTENDING PHYSICIAN [MEDICAL STAF	F	7/6/8	7
	TO HOSPITAL (retained by the TO FUNERAL Is should be deto	MPORTANT		220- PHYSICIAN'S NAME (TYPE OR	ARTINE	zmo.	3001 S. HA	Nover ST.	BALTE	Md 2/23	0
	BP	, =	23a B	URIAL, CREMATION, REMOVAL	23b. DATE		EMETERY OR CREMATORY	23d LOCATION		UNITY STATE	_
	DHMH - 16 6 (VRA 15		24 E	Burial NERAL DIRECTOR Tanuman Schwa		Meadown alto.Na	t'l.Pike2501	FRECD BY REGISTRAR 1987	256 REGISTRAR	ward Mo	1.
					77-6-1						_



000100 ***	Li.	FOR	DEP	RTMENT OF HEALTH AND MENTAL	L HYGIENE D	111107
0 0 0 4 2 9 JUL 2	3	TATE EGISTRAR		CERTIFICATE OF DEATH	REG. N	
		CEASED NAME FIRST	MADLE	(D) LAST	2a. DAVE OF DEATH	MONTH DAY YEAR 26 HOUR
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Pogo dire	7a. Bl	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	RY? 8	9 BALTIMORE CITY	OR COUNTY OF DEATH
12 72 th	6	OUNTRY	USA	MARRIED WEVER MARRIED		
The mind to B	in CI	TY OR TOWN OF DEATH		RSING HOME OR OTHER INSTITUTION		TION 126 KIND OF BUSINESS C
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t ho		STATE 136 COL		TOWN 13d. INSIDE CITY LIMI	1.00.100	/ ZIP CODE Q 1 21217
AN 0 27		med T	13aH	more YES NO [eman st 2/21/
RYL vithi	14 FA	THER'S NAME	MIDDLE . LAST	15 MOTHER'S MAIDE	N NAME MIDDLA	1AST
MARY implete		Horace	Withlams	on Essie	muld	ROW
		VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL	SECURITY NO. 17. INFORMANT	ADDR	145 PINS ST
MO Poge	,	YES, NO OR UNKNOWN) (IF YES, G	239	182523 MRS LASIA	* HARROD P	HILDA PA 19144
BALTIMORE,		18 CAUSE OF DEATH (Enter of	inly one cause per line for (o), (b	ond (c).	11	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
		PART I. DEATH WAS CAUS	ED BY: ATE CAUSE (a) A OU	avead esc	phogra	Carellope.
v ST		IMMEDIA			1	
D 4 P 3		Canditions, if any, which	DUE TO, OR AS A CONS	ration phel	upoura	
#		gave rise to immediate	(b) 1/2 pr		. / /	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., INC. PHYSICIAN: The low require that the sentition of the sentition of the sentition has been sign to the sentition of safe buriol-transit permit. Then the and Mental Hygiene prior to build a martine, or removed or them 18 shows any injury		cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONS	elies of tojed	1 457 ul	2.
5		DART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING		TERMINAL DISEASE OR COL	NDITION GIVEN IN PART 1191
sign sign to bu	Z	FART 2 OTTLER SIGINFICATOR	CONDITIONS CONTRIBOTING	DO THE REPORT OF THE		
int. T	¥	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED
REC lov	H				YES TI NOT	IN CERTIFYING CAUSES OF DEATH?
TAL The The host post of the host post post post post post post post p	CERTIFICATION	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	71c HOW INJURY O	CCURRED (ENTER NATURE OF INI	
IAN: physical Hificon Leron ol Hy n 18:		OR CONTRIBUTING CAUSE OF D	LIQUID A 44 MONITU			
ON OF YSICtA ding pl ding pl ding pl s certif Mental-t Mental	Š	(IF EITHER, NOTIFY MEDICAL EXAMIN		19 211 LOCATION		
SIO PHY This This dor	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, O		CITY OR T	TOWN COUNTY STATE
oth oth orke	_	AT WORK AT WORK			-7 -1	
LOZ LOSE S HOUSE S HOUSE	13		pital) attended the deceased f		8/	7 19 0 , that (I) (we) li
TTE prito 170 121 121		saw the deceased alive a above, (1) (we) (did) (did r	not) view the body ofter death.	19, and that in (my) (aur) a	pinian death accurred on the	date and haur and from the causes stated
DR A hos		276 SIGNATURE	most	DEGREE	NIO MEDICAL ST	22c. DATE SIGNED
Al Caron		100	o prog	ATTEND PHYSIC		AFF ICIAN 7/15/8/
SPIT SPIT NER De e Ste	1	224 PHYSICIAN'S NAME (TYPE	ORPHNT)	22e ADDRESS		51 0 15
HOSP toined b TUNE TUNE THE STAN		W15/17	SOPPE	2300	Jan Son /	3601 Boll 212,
5 5 6 3 x x x	23a I	BURIAL, CREMATION, REMOVA	L 23b. DATE	230 NAME OF CEMETERY OR CREMA	TORY 23d LOCATION	

STATE OF MARYLAND

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

250. DATE REC'D. BY REGISTRAP 256, REGISTRAP'S SIGNATURE

IF UNDER 24 HRS

126 KIND OF BUSINESS OR

PA 19144 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

19 82, that (1) (we) last

MD.

060600

filled in by the funeral director page 3 gold be filed within 72 hours ofter death

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicial should be detacked for use as the buriol-transit permit. Then please remove carbon popers with the State Dept of Health and Mental Hygiene prior to buriol, gemotion, or removal. MADOLIANT: If hem 21 is marked or Item 18 shows any injury, or other troumatic event, the

retained by the hospital or attending physician.

DHMH - 16 60M 7/B4 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

4	MEGISTRAR						REG. N	0.	7	7	7
	CEASED NAME FIRST	MID	D(€	1	AST		20 DATE OF DEATH	MONTH	DAY	YEAR	26 HOUR
	ALLEN			PEY	TON	-11	July 15,	1987	-19		9:20p
3 SE	X	4 RACE	0	5 DATE C		YEAR	6 AGE (IN YEARS LAST BIR	THDAY)	IF UNDE	DAYS	IF UNDER 24 HRS
	M	■ R	7	0	1	18	3	Q YRS		DATE	
	IRTHPLACE (STATE OR FOREIGN	TE CITIZEN OF WE	HAT COUNTRY?	8	□ NEVE	MARRIED -	9 BALTIMORE CITY	R COUNT	Y OF DE	ATH	
	VIRGINIA	II C A		WIDOWE		ONORCED	Baltim	ore C	i +11		MI
10. C	ITY OR TOWN OF DEATH		SPITAL, NURSIN		OR OTHER IN	STITUTION	120 USUAL OCCUPAT	ION	12b.	KIND O	F BUSINESS OR
R:	altimore		d Genera	2	sni+al		TITPE OF WORK FOR MOST C	WORKING (ILE) IND	JUSIKI	
UsU	AL RESIDENCE (IF NURSING HOME OR STATE 13b. COUN	OTHER INSTITUTION GI	VE RESIDENCE BEFORE	ADMISSION)		C.T.V	L. CYPET ADDRESS	. 710 000		7/	21/1
134	MD.	11	RAT.TO	7	YES X	CITY LIMITS?	13e STREET ADDRESS .	TING		10	1/
14. F	ATHER'S NAME		111110	•	- 23	S MAIDEN NAM	ME	1 1 1113	-21.	•	
	FIRST	AIDDLE	LAST			FIRST	MIDDLE			LAS	Τ,
16a \	WAS DECEASED EVER IN U.S. AR	MED FORCES? 16	SOCIAL SECU	IRITY NO.	17 INFORA	ANT	ADDRI	ESS			
1	YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	21 50	1610							
			31-58-							APPROXI	MATE INTERVAL ONSET AND DEATH
	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE)	RY				-					1000
	IMMEDIAT	E CAUSE (o) P	ERICARDI	LAL TZ	AMPONA.	DE			-	5 ho	urs
		DUE TO, OR A	AS A CONSEQUE	ENCE OF							
	Conditions, if ony, which	((b) <u>C</u> .	ARCINOMA	OF !	THE LU	NG					1.5
	gave rise to immediate couse (a), stating the	DUE TO OR 4	S A CONSEQUE	ENCE OF							
	underlying cause last.	(6)	13 A CONSCOOL	LIVEE OF							
	PART 2 OTHER SIGNIFICANT C	ONDITIONS CON	TRIBUTING TO	DEATH BUT	NOT RELAT	D TO THE TERM	INAL DISEASE OR CON	DITIONG	IVEN IN	PART 10	0
Z	ALCOHOLIC CARD	TOMYOPAT	HV								
AT	190 DATE OF OPERATION		ON FOR WHICH	OPERATIO	N WAS PER	ORMED	200 AUTOPSY?	20b. 1F YE	ES, WERE	EFINDIN	NGS USED
F							YES T NOT		TEYING (CAUSES	OF DEATH?
CERTIFICATION	21g. ACCIDENT WAS UNDERLYING	21b. TIME OF I	NJURY	-	21c. HOW	INJURY OCCURR	RED (ENTER NATURE OF INJU			PART 2)	110 []
	OR CONTRIBUTING CAUSE OF DEA	161	MONTH DA		10						
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	P.M.	INTURV	19	211 LOCA	ION					
ME	WHILE NOT WHILE		T, FACTORY OFFICE, F	ARM ETC }	STRI	€T	CITY OR TO	WN	co	YINU	STATE
	AT WORK AT WORK			77	1,,,	- 0	7 - 7 - 7 - 7 - 7	10		, -7	
	220.1 certify that X (this hospit			July				15,	. 19_8		that (1 (Ke) los
-	sow the deceased alive an above, M (we) (did) (did no	view the body of	ter death.	. a	nd that in (m	y) (our) opinion (death occurred on the d	ate and ha	ond fi	rom the	couses stated
	22b. SIGNATURE			37.10	DEGREE		,		22	c DATE	SIGNED
	40	amel				PHYSICIAN	MEDICAL STA			7/18	6187
	224 PHYSICIAN'S NAME (TYPE O	R PRINT)			22e ADDR						
	RAMESH SA	BAPATHI	N.D		0/0	Marulan	d General H	ospit	tal		
23n	BURIAL, CREMATION, REMOVAL	123b DATE	1 23€ 1	NAME OF C		RCREMATORY	23d LOCATION				
	(SPECIFY)						CITY OF TOWN		COUN	4TY	STATE
74 F	UNERAL DIRECTOR	7-20-	87			25n DAT	E REC'D. BY REGISTRAR	25h REGIS	STRAP'C	SIGNAT	LIRE
	NAME		ADDRESS					1 .	4		•
	בתאחה אוז	AUDOMV D	OADD .	DATIN	n n		99 1097	alea. 1	Render	- Z	A date.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 060959 JUL 28 87 DECEASED NAME 20 DATE KNOWN X (TYPE OR PRINT) OF ESTI-DEATH MATED ANY DELAT IS THE EUNERAL DIRECTOR.
AND 310 THE EUNERAL DIRECTOR.
RETAIN PAGE 5 FOR YOUR FILES.
HOULD BE FILED, WITHIN 72 HOURS. Franklin Sr. PFISTER CHARLES 4 RACE DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. LE UNDER 24 HRS A HOUR DATE LAST BIRTHDAY) MONTH VEAD PRONOUNCED 02/28/19 7-23-8710 2:22F White 68 DEAD Male 76 CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OF 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED | USA Pennsylvania Baltimore City WIDOWED X DIVORCED IO CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Machinist 21211 3524 Keswick Road Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) | 13d INSIDE CITY LIMITS? | 13e STREET ADDRESS | 3524 Keswick Road 21211 136 COUNTY Md Baltimore 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Sadie Cramer Cadmus Pfister 160 WAS DECEASED EVER IN U.S. ARMED FORCES? IAL SOCIAL SECURITY NO INFORMANT Baldwin Maryland 21013 Pfister, Jr. PO Box 9741 (YES, NO, OR UNKNOWN) 213 14 8011 Charles F. DIVISI 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL HIEF MEDICAL EXAMINER ALONG W USED AS A BURIAL-TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, D RIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO CEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION cachexia ICATE, WRITING THE WORD "PE FORWARDED TO THE CHIEF N TOR: PAGE 3 SHOULD BE USED A THE STATE DEPARTMENT OF HEA AND, 21201 PRIGR TO BURIAL, C 19a. DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NO X 21g EXTERNAL CAUSE WAS 716 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME III. LOCATION AT WORK AT WORK STREET, FACTORY, FARM, ETC.) CITY OR TOWN STATE COUNTY PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2 Inspection X 22a. I certify that I taak charge of the remains described above, held on Autopsy ond in my opinion Hamicide Undetermined manner death resulted from Natural causes Accident TITLE (SPECIFY) 7-24-87 Assistant EXAMINER'S NAME Mario F. Golle, Jr., M.D. 111 Penn Street (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION Cremation Westview Memorial Park Westview, Balto. Co. Maryland 07/84 24 FUNERAL DIRECTOR DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 17 Burgee-Henss Funeral Home. 3631 Falls Road 21211 (VR A1S ME (S))

STATE OF MARYLAND

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miss be notified of once.

IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, ar other traumatic event, the medical ex

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

4	7'8	REGISTRAR				CERTIF	ICATE OF DEATH	8 REG. N	0.	9 9	9 5
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	3. SEX	Ferral	e (RACE ACA	-5	5. DATE C		6. AGE (IN YEARS LAST BI		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
5		West Virg		CITIZEN OF V	WHAT COUNTRY?	MARRIE WIDOWE		9. BALTIMORE CITY S	to C	F DEATH	MD.
2	B	ALTIN E	are	ALE NOT IN SUC	SAMAPI	DDRESS)	HOSPITAL	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST)		126. KIND OF INDUSTRY	BUSINESS OR
6	Må	TATE Land	Balti		GIVE RESIDENCE BEFORE 136. CITY OR TOWN TOWSON		134 INSIDE CITY LIMITS? YES NO X	13e.STREET ADDRESS 2 Burnb	rae Rd.	2120	14
1	14. FA	THER'S NAME FIRST Antho	ny	DDLE B	usko		is, mother's maiden na Mary	WIDDEE		aben	
7	160 W	VAS DECEASED EVER	IN U.S. ARME		235-05-4		Dr. Patrick	C. Phelan,		Same	
	CERTIFICATION	Conditions, if any gove rise to impose (a), stating underlying cause PART 2. OTHER SIGNATE OF OPERA	mediate ng the last.	DUE TO, OF		NCE OF	NOT RELATED TO THE TERM	AINAL DISEASE OR CON 200 AUTOPSY? YES NO	20b. IF YES, V	VERE FINDING	GS USED
	MEDICAL CERT	21a, ACCIDENT WAS UNION CONTRIBUTING (IF EITHER, NOT IFY MEDI AT WORK AND	CAUSE OF DEATH CAL EXAMINER) RED HILE	P.J. PLACE (AT HOME, STR) ottended the street when the body	M. MONTH DA M. DF INJURY EET, FACTORY, OFFICE, F/ deceosed from 19 20 19 2	19 ARM.ETC) Jun Lan Lan Lan Lan Lan Lan Lan L	211 LOCATION SIREET 211 LOCATION SIREET 7 , 19 8 / Indigital that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN [27e. ADDRESS	CITY OR TO to July death accurred an the of MEDICAL PHYSIC	DWN 19 ART	COUNTY	STATE hat (I) (we) last auses stated
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DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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the I wit	利)	1	1 CR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS)	DIHER INSTITUTION	120 USUAL OCCUPATION	WORKING LIFE) IND	KIND OF BUSINESS O	R
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orthin 2 sh	e e	14. F.A	THER'S NAME			MOTHER'S MAIDEN NAM	AE .			_
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beer mit.	out	¥	190 DATE OF OPERATION	196 CONDITION FOR WHICH		WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE	FINDINGS USED	
has per	* 7	CERTIFICATION					YES NOT	YES T	AUSES OF DEATH?	
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Louise

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION

(TYPE OR PRINT)

MEDICAL

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

O FUNERAL

DHMH - 16 60M 7/84

(VRA 15, 4)

MPORTANT:

	STATE OF MARYLAND
FOR	DEPARTMENT OF HEALTH AND MENTAL HYG
STATE REGISTRAR	CERTIFICATE OF DEATH

MIDDLE

Adeline

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	CE	RT	FICA	TE	OF	DEAT	H	

TA	CERTIFICATE			IENE &G. N	19	90	77		
	PHIPPS	S		July 11, 19	87	YE AP	26; HOL	10Pm	-
	5 DATE OF BIRTH		- 17	6. AGE IN YEARS LAST BIRTHDAY)	IF UNDER	RIYEAR	IF UNDER	24 HRS	
	10 1	6 2	YEAR 22	64 65 YRS	MONTHS	DAYS	HOURS	MIN.	
Y?	8	1000	1	9 BALTIMORE CITY OR COUNT	Y OF DE	ATH			

SEX	4. RACE	5 DATE OF BIR	TH			(F
Female	White	10	16	22	64 65 YRS	NC
BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8 MARRIED	NEVER A	AARRIED 🗆	9 BALTIMORE CITY OR COUNTY	C
Maryland	U.S.A.	WIDOWED	DI	VORCED [Baltimore City	
CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET)		HER INST	ITUTION	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	
baltimore	2633 Frederick	Avenue			Medical Secretar	

13a. STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS	? 13e.STREET	ADDRESS / ZIP CO	DE	
Maryland		Baltimore	YES NO	2633	Frederick	Avenue	212
14 FATHER'S NAME		t	15. MOTHER'S MAIDEN	NAME			
FIRST	MIDDLE	LAST	FIRS1		MIDDLE	LAS	T
John	Clyde	Culler	Emma		L.	Sh	ankl

NO	215-22-0815	Betty J.	Wirth 514	East Lynn	Ave.	21223
PART I. DEATH WAS CAUSED	one couse per line for oy (b), and (c).) BY: CAUSE (a)	Lonowy	occlar	ion		NIMATE INTERVAL NONSET/AND DEAT
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couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF	.no.le	00		0	uen.

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PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE	ATH	4	NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART	1

196 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATIO		20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH		
			YES NO	YES 🗌	NO 🗆
216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c HOW INJURY OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART 2)	
21d INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION	CITY OR TO	AND COUNTY	CTAI

ı	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 19				
ı		21e. PLACE OF INJURY I AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATI
ı	220 I certify that (1) (this hospital)	othended the deceased from	H-5 19 10 10	4-1	19 6 / the	otill (we)

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

DEGREE 224 DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22e ADDRESS 3350 Wilkens Avenue, Baltimore, Maryland Nakazawa

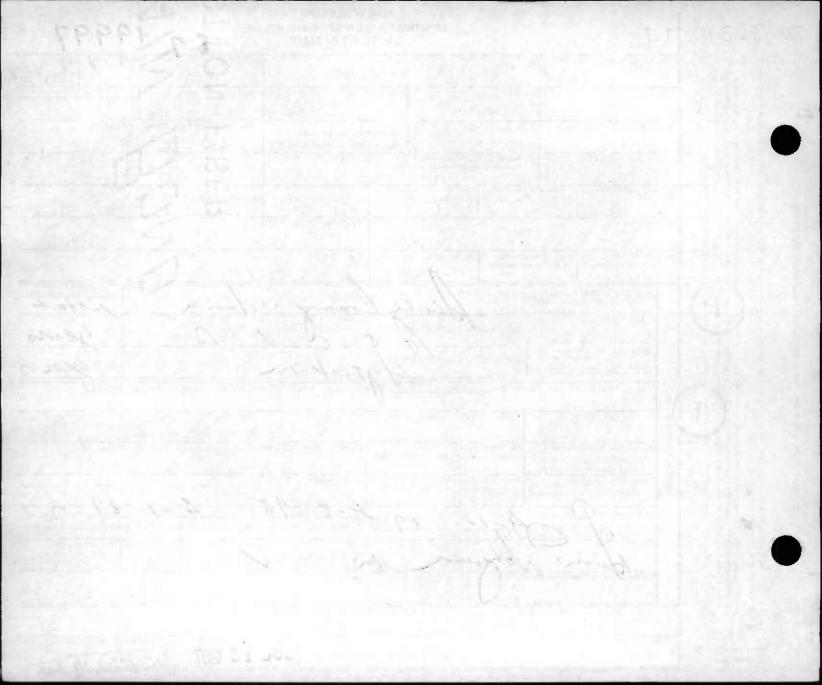
Hiroshi 230. BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Baltimore 7/14/87

Burial Loudon Park Cemetery 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

11 July 1987

126. KIND OF BUSINESS OR INDUSTRY BON Secours Hosp.



STATE OF MARYLAND 061136 JUL 29 87 TATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR 20 DATE OF DEATH MONTH 1. DECEASED NAME MIDDLE (TYPE OR PRINT) LAWRENCE JULY 25,1987 PIATT AGE IN YEARS LAST BIRTHDAY IF UNDER 1 YEAR IF LINDER 24 HRS 5. DATE OF BIRTH YEAR 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE (STATE OR FOREIGN MARRIED NEVER MARRIED BALTIMORE CITY 126. KIND OF BUSINESS OR INDUSTRY JOHNS HOPKINS TOSPITAL BALTIMORE SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136. COUNTY MIDDLE IN U.S. ARMED FORCES? 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a), DUE TO, OR AS A CONSEQUENCE OF IN EMBCIANIM Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 9a DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO 21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER P.M. 19 21d. INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220) certify that (1) (this hospital) attended the deceased from saw the deceased give an above, (1) (we) (flid) did not) view the bady after death. and that in (my) Cour Dinian death accurred on the date and hour and from the causes stated 22h SIGNADIR DEGREE 22c. DATE SIGNED ATTENDING MEDICAL DIRECTOR PHYSICIAN PHYSICIAN CREMATION, REMOVAL

DHMH - 16 50M 4/83 (VRA 15, 4)

061136 JUL 2987 1 3/4 - Union Carlotte KETIKED BANTHOKE I TO SALLS CAMERAGE THE MINIMA CHATT LENG -1 MALOSHAR MICH. LATE SAME BURNAT CHEER THEN I FROM THE KELL THE PACREMED, LINES 4, TEM 45 TO HEER H.

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STATE OF MARYLAND

FOR STATE REGISTRAR		CERTIF	EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO	9 9 9
DECEASED NAME FIRST	WIDDLE	,,	AST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR 5 A
Pauli		Pin			29 - 8/
3 SEX	4. RACE	5. DATE O	DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
Female	White	Feb	7, 1898	9 BALTIMORE CITY OR COUN	
70 BIRTHPLACE (STATE OR FOREIGN COUNTRY) Italy		MARRIED	NEVER MARRIED		
I CALY	U.S.A.	WIDOWE		Baltimore Ci	12b. KIND OF BUSINESS OF
	(IF NOT IN SUCH FACILITY, GIVE STRE	EET ADDRESS)		TYPE OF WORK FOR MOST OF WORKING	G LIFE) INDUSTRY
Baltimore	3720 Claremon		eet 21224	Homemaker	Home
Maryland 13b CC		NWN	13d INSIDE CITY LIMITS? YES X NO	3730 Clarem	
14 FATHER'S NAME	MIDDIE LAST		15. MOTHER'S MAIDEN NA/	ME	tAS1
Anthony	Sergi		Mary	+ DD D C C	Fedi
(YES, NO OR UNKNOWN) (# YES	ARMED FORCES? GIVE WAR OR DATES) 16b. SOCIAL SE 214-56		Mrs. Loret	ta C. Krysia	20 Claremont k 21224
18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one couse per line for (a), (b), JSED BY: JATE CAUSE (a)	ordic lin	a Imoner &	rest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DUE TO, OR AS A CONSEGUE (c) (c) (C) (C) (C) (C) (C) (C)	OSIMO DEATH BUT		IINAL DISEASE OR CONDITION	
190 DATE OF OPERATION 230. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHI	CH OPERATIO	N WAS PERFORMED	200 AUTOPSY? 206 IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES - NO -
	DEATH HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	18 PART OR PART 2]
OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET FACTORY, OFFIC	E, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
27s.1 certify that (1) (this has tow the deceased alone	npital) attended by deceased from	-73	nd that in (my) (aur) apinion	death accurred on the date and	hour and from the causes stated
THE SIGNATURE	Adams!	MS	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	DATE SKINED
The Ad	AMS MD.		2521 WAShih	gton Blad:	Stephere MD.
230 BURIAL, CREMATION, REMOV	7-31-1987 S		Ht. of Jesu	13d LOCATION 15Baltimore	Maryland Maryland
24 FUNERAL DIRECTOR NAME Joseph N. Zan	26. nino Jr. F.H.	3 S. C	onkling 250 DAT	E REC'D. BY REGISTRAR 250 REC	SISTRARIS SIGNATURE

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

y the funeral directar, page 3 ed within 72 hours after death BALLIMORE, MARPLANE 21301 TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physic should be detached for use as the burial-transit permit. Then please remove carbandope with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. TO HOSPITAL OR ATTENDING PHYSICIAN: The low

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

87 20000

200	766	JUL 27	87	REGISTRAR					CERTIF	CATE OF DE	ATH	8R	EG. NO.	-		
JOU	100		1. DEC	EASED NAME	FIRST		MIDDLE		l.	AST		2a. DATE OF DE		DAY	7	26 HOUR A
MET.	nay be		LITTE	W.	ILLI	E			PI	TT		JULY	20TH,	198	7	1:32
1	may.		3. SEX		7	4 RACE	-		5. DATE C		VEAG	6. AGE (IN YEARS	LAST BIRTHDAY)	IF UNDER	DAIS :	IF UNDER 24 HRS.
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	eoth.	to //		NC		US	SA		WIDOWE		RCED	BA	LTIMOR	E CI	ΓY	MD.
	in a series	9	10. CI	Y OR TOWN OF DEA	TH		HOSPITAL, NU			R OTHER INSTITU	NOIT	12a USUAL OCC	UPATION MOST OF WORKING			BUSINESS OR
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145	m bus	-(8)(LEROY			HYMA				NN				PIT	
ORE,	70 0	0		AS DECEASED EVER I		MED FORCES?	166 SOCIAL	SECUR	ITY NO.	17. INFORMANT			ADDRESS			
IIMORE,	- Pag	med		NO	(# 120, 011		218-3	5-9	437	ANN E.	CORN	VELL 190	1 BOONE		2121	
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NO	oth ce ending	oric				DUE TO, O	RAS A CONSI	EOUEN	NCE OF	11-01-	2				. 6	11-1771
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35, 2	uires signe	lury.	z	PART 2 OTHER SIGN					-				R CONDITION G	IVEN IN PA	ART Tro	
0.00	red T.T.	y in	ATION	PORTAL		ERTEN		HE		V WAS PERFORM		PATHY 1200 AUTOPSY	2 20h IF Y	ES. WERE	EINDIN	GS HSED
DIVISION OF VITAL RECORDS, 201 W. PR(S) ON ST	he low an. has b	shows an	CERTIFICAT	THE DATE OF OPERAT	1014	178 COND	ITION TOR WI	men e	JF ERATIO	· WAS FERT ORN		YECK NO	IN CERT			DF DEATH?
VIT	SICIAN: T ng physici certificote	Mental Hygie	CER	21a. ACCIDENT WAS UND				DAY	Y YEAR	21c HOW INJU	RY OCCURR	ED (ENTERNATURE	. INJURY IN ITEM 18	PART I OR P	R1 2)	
Ö	SKCIA og p	Mental Hy	CAL	(IF EITHER, NOTIFY MEDIC		1171	M.		19							
Sion	PHY endir	_ 0 /	MEDICAL	21d. INJURY OCCURR		21e. PLACE (AT HOME, ST	OF INJURY	FICE, FAI	RM, ETC.)	211 LOCATION STREET		CI	TY OR TOWN	COU	VTY	STATE
IAIC	She after	th and arked		AT WORK AT WOR	K									-		
	NO IS	Heal is m		22a.1 certify that	(this hospi	TULY 2	e deceased fr	om 8		15	19_8/		1	. 19 8	tl	hot (we) lost
	ATTE Sprite	n 2 l		sow the decease above, (1) (we) (d	d olive on d (did no	t) view the body		19_0	, 01		ur) opinion c	death occurred or	the dote and he			
	the ho	te Depi		22h MATURE	est	>					ENDING YSICIAN	MEDICAL DIRECTOR 1	STAFF	220	7/L	0 87
H	HOSPITA ned by FUNERA	S		224 PHY GOANT NA				Y		22e ADDRESS			1			
	O HOS erained TO FUN	with the Sto		K ZU	EGEL	STEIN				JOHN:	s He	SPKINS	HOSP	ITAL	→	
	5 g 5 g	3 4		URIAL, CREMATION, P	REMOVAL	23b. DATE				EMETERY OR CRI		23d LOCATIO	NWC	COUNTY		STATE
	BP		. '	BURIA	L	7/25	5/87	BA	LTIM	ORE CEME	TERY	BALTI	MORE,			MD

DHMH - 16 60M 7/84

24 FUNERAL DIRECTOR
NAME
WM. C. MARO MARCH F/H (VRA 15, 4)

FOR

1 - STATE

E. NORTH AVE. 1101

250 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

					ZIAII	: UF MAKTLAND				
	FOR STATE			DEPARTA		EALTH AND MENTAL HY ICATE OF DEATH	13 7	200	0 1	
	REGISTRAR			MIDDIE.		ASI	B REG. N)	
III 22	DECEASED NAME	FIRST		MIDDLE	- 6 90		20. DATE OF DEATH	MONTH DAY	YEAR 2b HO	
OF 42		HARR		N	,	LAINE		7 15		34 AN
3.	SEX	1	RACE		S. DATE C		6. AGE (IN YEARS LAST BI	RTHDAY) IF UN		DER 24 HRS
VL	MALE		WHI	TE	10		89	YRS		
4	* BIRTHPLACE (STATE	OR FOREIGN 7	b. CITIZEN OF	WHAT COUNTRY?	8 MARRIEI	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF	DEATH	
201	MARYLAND			SA	WIDOWE	DIVORCED [MORE CITY	Y	MD
.10	CITY OR TOWN OF	DEATH I		HOSPITAL, NURSIN		R OTHER INSTITUTION	12a. USUAL OCCUPAT		NOUSTRY	INESS OR
5	BALTIMORE		G00	D SAMARIT	'IN HC	SP.	SALES MGI		INSUR	RANCE
	SUAL RESIDENCE (IF N	136. COUNT		GIVE RESIDENCE BEFORE		1136. INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ 7IP CODE		
41	MARYLAND			BALTO.		YES NO	3205 LABY		. #2120)8
14	FATHER'S NAME		about.	LAST		15. MOTHER'S MAIDEN N	IAME			
0	SIMON		IDDLE	PLAINE		FIRST MINNI	MIDDLE	M	ACKS	
16	WAS DECEASED EV		NED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	MACEY PLAT	NE APT	. 14-N	
	NO	(1) 123, 0142	WAR OR DATES	4		500 W. UNI	V. PARKWAY	BALTO.	MD 21	1210
	18 CAUSE OF DE	ATH (Enter only	one couse per	line for (o), (b), one	d (c).)				APPROXIMATE IN	
	PART I. DEATH	I WAS CAUSED	CAUSE (o)	Cardia	c A	rest			10 min	who
			DUE TO O	R AS A CONSEQUE	NCE OF			4.		
35	Conditions, if a		(b)_	Myocar		Infrakion			6 Krs	
40	gove rise to couse (o), sto	oting the	DUE TO. O	R AS A CONSEQUE	NCE OF					
	underlying co	use lost.	(c)_							
		IGNIFICANT CO	ONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN	PART 110	
	190 DATE OF OPE									
	190 DATE OF OPE	RATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20e AUTOPSY?		RE FINDINGS US CAUSES OF DE	
1	ŧ	P 1-3					YES NO	YES	NO	
0	21a. ACCIDENT WAS		216. TIME O	FINJURY M. MONTH DA	Y YEAR	21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJUR	JRY IN ITEM 18 PART 1 C	DR PART 2)	300
7	OR CONTRIBUTING		P.		19					
1	IF EITHER NOTIFY M		21e PLACE	OF INJURY REET, FACTORY, OFFICE, F	ARM FIC)	211 LOCATION STREET	CITY OR TO	Own (COUNTY	STATE
1	- WOILE NO	WHILE WORK		eet, racrown, orrice, r						
				e deceosed from_				15 19		(we) los
	sow the dece obove, (I) (we	osed olive on_ (did) (did not)	view the body	ofter death.	8 t, on	d that in (av) (our) opinio	n death occurred on the d	lote and hour and	from the couses	stated
	226. SIGNATURE		5	>		DEGREE			22c. DATE SIGNE	D
	+	10 hon				ATTENDING PHYSICIAN	MEDICAL STA		7/15/8	7
	22d PHYSICIAN'S	NAME (TYPE OR				22e ADDRESS				
1		FADI	KHA	WII H	0	G000 S	AMARITAN	HOSPI	1716	
7	Bo. BURIAL, CREMATIO		236 DATE	23c. N	IAME OF C	EMETERY OR CREMATORY	23d LOCATION			
	(SPECIFY) BURIA	L	JULY 1	6,1987 B	ETH T	FILOH	BALTIMO	₹E	MARYLA	ND"

DHMH - 16 60M 7/B4

(VRA 15, 4)

74 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTO PRESENTED 2121

21215

250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE
21 1987 Julia Dindon Rudos

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

0 0	17	(3)	1)
PEG. NO.	U	U	Car

			EASED NAME	FIRST		WIDDLE			LAST		2	DATE KN	OWN	MONTH	DAY YEA	2b HOUR
	M av av XI ==	(TYP)	OR PRINT)	Gera	516	(NMN)		Do	offenber	raor	9 .	OF E	211.	7 -	31 187	
	REEDA	3 SEX		4. RACE	5 DATE OF BIRTH		6 AGE (IN YE	ARS IF UN	IDER 1 YR. IF L	UNDER 24	4 HRS. 2	c. DATE		MÓNTH	DAY YE	AR 2d HOUR
	A DO THE	ma	Le	white	Aug. 23,	1 9 0 0	86 y					RONOUNCE	D	7	21 0	8:00
	STREET !	P	RTHPLACE (SIA		7b. CITIZEN OF WH			RS.			_ 9	BALTIMOR	E CITY OF	COLINIT	31 19 8	/ I A M
	86%年	FO	aryland		USA				IED NEVER				-			
	En of		Y OR TOWN C	DE DEATH	11. NAME OF HOS	DITAL NILI	SING HOM	WIDOW		IVORCED		Bal OCCUPAT	timore	e Cit	26 KIND OF	MD
1	TEASTER X				(IF NOT IN SUCH FA	CILITY, GIVE S	REET ADDRESS)		EK II STITOTIO			ost of working		P WORK .	OR INDU	STRY
	B6-389	ISLLA	Baltim		Univers				30		SI	ieet me	etai		Pangb	JIII
201	P 286763	1 a. S1	ATE	1 36 COU	NTY	13c CITY	ORTOWN		13d. INSIDE CITY L		13e STRE	N. C		A	0.1	7/0
22	人がおり		ryland	Wash	nington	Hag	erstow	m				/ N. C	annon	Ave.	. 21	740
ð.	E-SAB	14. FA	THER'S NAME		MIDDLE		LAST		15. MOTHER'S FIRST		INAME	MIDDI	LE	70	LAST	
W	XX237/1		Jacob				enberg		Alice						Fishe	r
M	A SON		AS DECEASED		RMED FORCES?		TAL SECURIT		17 Howard			-		- 11		
ALT	AFI H F NSIC	yes			Guard	214	09 60	51	Gerald	1 Pof	ffent	perger	Hage	erst	own, M	d.
	WIT. P		18 CAUSE OF	DEATH (Enter o	nly one cause per line	for (o), (b)	, ond (c).)								APPROXIM	ATE INTERVAL
S	ENE SAN		PARTIDEA	ATH WAS CAUS	ED BY: ATE CAUSE (a)CE	rvica	1 Frac	ture-	-disloca	ation	n wit	th com	plica	tions		SET AND DEATH
STO	AZ Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z	/	7787		DUE TO, OR						4.,				-	
95	AER JAER JAER JAER JAER JAER JAER JAER J			s, if any, whice to immediat											Min	
3	3×5€58		cause (a)	stating the <u>unde</u>		AS A CON	SEQUENCE	OF		1						
201	EXAME ON MEN		lying caus	e last.	(c)										3	
DS,	A SOLUTION OF THE STATE OF THE	9	PART 2 OTHER SIG	NIFICANT CONDITION	S CONTRIBUTING TO DEATH	BUT NOT RELA	TEO TO THE TERM	AINAL DISEASI	OR CONDITION GIV	EN IN PART	1 10		101			
Ö	SEE	NO														
8K	SAN AND	CERTIFICATION	190 DATE OF	OPERATION	19b. CONDIT	ION FOR	WHICH OPER	RATION W	AS PERFORME	D?			78%		20 AUTOPS	Y?
M	S S S S S S S S S S S S S S S S S S S	IFIC													YES [NOX]
P V	THE WORD THE COULD BE OULD BE RETAINENT	CERI	210 EXTERNAL		216 TIME OF			21c. HC	OW INJURY OC	CURRED	LENTER NA	TURE OF INJURY	IN ITEM 18 PAR	RT I OR PART		- A
N	A A RIME		UNDERLYING				DAY YEAR	R								
ISIO	ERTIIING ING TO THE TO	MEDICAL	21d. INJURY O	CCURRED	21e PLACE C	OF INJURY	(AT HOME,	21f. LO	CATION							
S	WRITING ARDE COLORS	M	WHILE AT WORK	NOT WHILE AT WORK	TREET, FACT	ORY, FARM, EI	(C.)		TREET			CITY OR TOWN		COUN	4TY	STATE
	PANA STA STA			1	1/1/		. 1		-		[37]		7			
	MASSER HOLD	1 //			of of the remains des	//	the	Autop		spection		Inquiry L		in my apir	non	
	AM SECOND		deoth resulte	d from Hat	fol course	accident	Su Su	vicide	, Hamicide		Undeter	mined monne	er,			
	CERTIFICATION OF THE CONTRACT		ACTUAL	11	AUF	7	11/1	-	TITLE (SPEC					DATE		
	SHE SHE ST		SIGNATURE_	1	year)	-	1-1	M	D. Assist	tant_	MEDIC	AL EXAMINE	ER	SIGNED	7-3	1-87
	W DE NO		EXAMINER'S N	NAME Cha	rles P. Ko	rac	мъ		ADDRESS 11	1 Der	nn St	h Ra	1+0	FM	21201	
	TO MEDICAL EXECUTE THE PAGE 4 SHOU TO FUNERAL AFTER DEATH, BALTIMORE, N	22. 81	(TYPE OR PRIN	ION, REMOVAL									100.	·KA •	21201	
		(5	PECIFY)	ION, KEMOVAL	Aug. 3, 198				R CREMATORY		Com	D T/NA/NI	T.	COUNT	řick,	MAE
07/84 25M	BP		burial	OR MINNI	CH FUNERAL			arre				• REGISTRAR				110.
	DHMH - 17 (VP A15 MF (51)		NAME		ud. Hager			2174		UG C					m. Read	-
	TYK ATO INE TOTAL	5-de	/ II a VV	13011 111	VULAA HEELE	DELIWIL	0 1111 0	4114		11111			4 B		-	

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07/84 25M

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		OR			DEPART	MENT OF.I	HEALTH	AND ME	ENTAL H	YGIENE				15	
		TATE EGISTRAR		M	EDICAL	EXAMIN	ER'S C	ERTIFIC	CATEO	BDEAT	TH :	REG. NO	U	0 3	
L	30	RINT)	GERT	RUDE	M.			INTER		2	OF E	STI-		2-879	2b H
		male	Black	5 DATE OF BIRTI	15	6. AGE IN YEA	Y) MONTH		IF UNDER	MIN. P	DATE RONOUNCE DEAD		7-2:	2-87 ₁₉	6:
5	FOR	THPLACE (STATE EIGN COUNTRY) VA			USA		WIDOW		DIVORC	ED 🗆	Baltin	nore	City		
7	Ba	Y OR TOWN OF		11. NAME OF HO (15 NOT IN SUCH 1510 ST	pring	street ADDRESS)		ER INSTITUI	ION	12a. USUA FOR MO	AL OCCUPAT OST OF WORKING USEWI	Te	OF WORK	176 KIND OF OR INDU	BUSINES STRY
	13a. ST.	RESIDENCE (IF IN	13b. COUNT			2R19YO'r		13d INSIDE (I	NO 🗌		I O N.	Spr	ing	St.	2121
	3	HER'S NAME FIRST	(FR INLL) C. ARA	MIDDLE	CHAN	DLER	(1)0		LLIE	NAME	MIDDL		CUN	NNINGTO	N
	I 60. VV	AS DECEASED EN	(IF YES, GIVE W			-40-1				. Po		151	0 N		ing
		gave rise	if any, which to immediate ting the <u>under</u> - ast.	(b) DUE TO, C	R AS A CON	ISEOUENCE (OF OF								
1	CERTIFICATION	190. DATE OF OP	ERATION	196 CONE	ITION FOR	WHICH OPER	ATION W	AS PERFOR	MED?					20 AUTOP	
2		210 EXTERNAL C UNDERLYING CONTRIBUTING	OR	HOUR A.	OF INJURY M. MONTH M.	DAY YEAR		W INJURY	OCCURRE	D LENTER NA	ATURE OF INJURY	IN ITEM 18 PA	ART I OR PAR		1 NO
	54.0	WHILE NAT WORK AT WORK			OF INJURY CTORY, FARM, E			CATION		TG.	CITY OR TOWN		COL	NIA	ST
		220. I certify the death resulted for		af the remains d	Accident		Autops	Hamici TITLE (SF		Undeter	Inquiry	- D,	in my ap	7 – 22	-87
7		EXAMINER'S NA	No	Ann M. I)ivon	M D					al examine Street	R	DATE	D	

All the state of t

~	. /	r .		FOR
	. 4		-	STATE
		U.		REGISTRA

tely filled in by the funeral director page 3 2 should be filed within 72 hours after death

may be

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

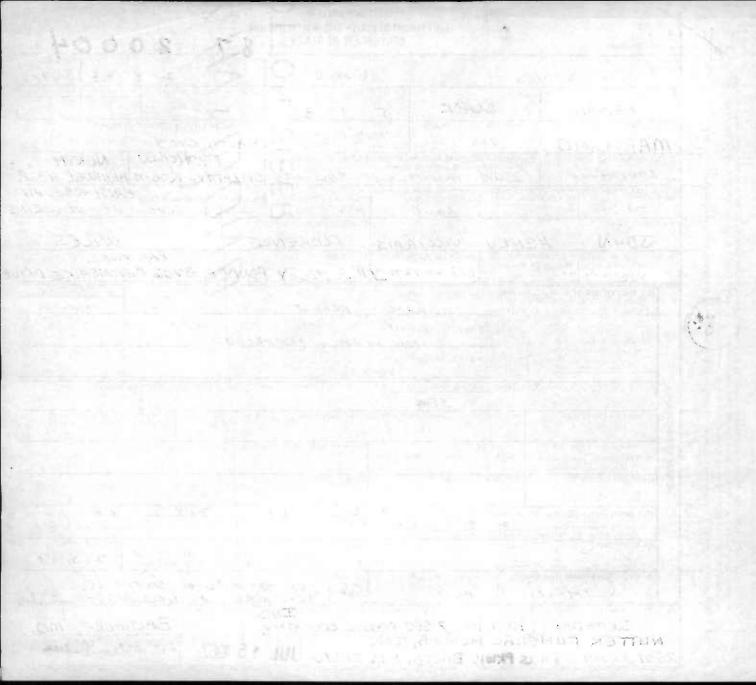
		STATE REGISTRAR		CERTIF	ICATE OF DEATH	8 7 REG. N	10.2	006	54	
I		CEASED NAME FIRST	WIDDLE		C NE C	20 DATE OF DEATH	MONTH D	DAY YEAR	26 HOUR	
ı		DECOR			PONDER		7 8	87	3.47PM	
	3 SEX	FEMALE	BLACK	S. DATE (6 AGE (IN YEARS LAST BI	YRS	ONTHS DAYS	HOURS MIN.	
1		RTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY?	8.	D P NEVER MARRIED	9. BALTIMORE CITY		OF DEATH		
	n	1ARY LANO	USA	WIDOW		BALTO, C.	アイ		MD.	
4		BALTIMORE	1. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET. SINAL HOSPITA	ADORESS)	OR OTHER INSTITUTION OF BALTIMORE	120 USUALTO COME OF MOST	ROOM	126 MANO INDOSTRI ARUNO	RAPPAPESS OR EL HOSP.)
1	USUA 13a S	RESIDENCE (IF NURSING HOME OR OT TATE			188. INSIDE CITY LIMITS?	13e.STREET ADDRESS 3 406	/ ZIP CODE	BACTIM	DRIVE ZIZI	>.
1	14. FA	THER'S NAME	IDDIE LAST		15. MOTHER'S MAIDEN NA	AAF				
1)	JOHN HE	ENRY WILLIA	+m5	FLORENCE	MIDDLE		WIC IMORE, EVONSA	ES	
1			ED FORCES? 166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR	ESS BACT	IMORE,		
1	(11	NOISH	216-34	-7021	MCKINLEY.	PONDER 3	4060	EVONSA	TIRE DRI	ı
ı		18 CAUSE OF DEATH (Enter only	one couse per line for (a), (b), an	d (c).)				BETWEEN	MATE INTERVAL ONSET AND DEATH	
J		PART I. DEATH WAS CAUSED IMMEDIATE		TAC	ARREST			M	INVIES	
) [DUE TO, OR AS A CONSEQUE	NCE OF						
1		Conditions, if ony, which gove rise to immediate	(b)	HOCH	ADIAL INFA	RCHON				
1		couse (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUE							
			(c)		0513					
	NO	PART 2. OTHER SIGNIFICANT CO	DINDITIONS CONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVE	EN IN PART 1	ō	
1	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIFY	, WERE FINDII YING CAUSES		
-	CER	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	V VEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	JRY IN ITEM 18 PA	ART 1 OR PART 2)		,
1	N N	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19						
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM ETC	21f. LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE	
١		220.1 certify that (1) (this haspital			- 2 , 19 87		8		that (I) (we) last	Ì
		saw the deceased alive an above, (I) (we) (did) (did not):	view the bady after death.	7.0	nd that in (my) (our) opinion o	death occurred on the o	late and havi	and from the	couses stated	
1	П	226. SIGNATURE			DEGREE			22c DATE	SIGNED	
		(THO .	~	PHYSICIAN	MEDICAL STA		7-	8-81	
		22d PHYSICIAM'S NAME (TYPE OR P	4		C/O SINA! IT	OS PITAL OF	- BALT	MORE	& BALT	
		URIAL, CREMATION, REMOVAL	236 DATE 23c. N	NAME OF C	EMETERY OR CREMATORY	23d LOCATION			1.01	2
	(5	CREMATION 1	7/13/1987 56	C. PRO	CESS CREMATORY	CITY OR TOWN	BAL	TIMORE	, MO.	
		HUNTRER FUNE	ADDRESS		11111	E REC'D. BY REGISTRAN	256 REGISTE	RAR'S SIGNA	URE	•
	25	OI GWYNNS FAU	LS PKWY. BALTO	, MO	, 21216 JUL	10 1981		Cargary. K	and and	

DHMH - 16 60M 7/84

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the should be detached for use as the burial-transit permit. Then please removed the State Dept. of Health and Mental Hygiene priar to burial, crem IMPORTANT: If Nem 21 is marked or Item 18 shows any injury, or ather

(VRA 15, 4)



page 3

pln

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENT AL

CERTIFICATE OF DEATH

HYG	8 / REG NO.	0 0	3
	20. DATE OF DEATH MONTH DAY	YEAR	26 HOUR
	7 25	587	103
	6 AGE (IN YEARS LAST BIRTHDAY) IF U	INDER 1 YEAR	IF UNDER 24 HRS
	85 YRS.	THS DAYS	HOURS MIN
00	BALTIMORE CITY OR COUNTY OF BALTIMORE CITY	DEATH	
		125. KIND O NDUSTRY WIT HO	F BUSINESS O
\$?	13e.STREET ADDRESS / ZIP CODE 2508 Loudonderry	y Rd.2	21093
ANA	ME	Da	iy
. F	ADDRESS Pontious, Jr sar	ne as	#13e
		BETWEEN	MATE INTERVAL
		04	30
he	& Bleeding	10	30
TERM	INAL DISEASE OR CONDITION GIVEN	IN PART 110	3
_ Ao	200. AUTOPSY? 20b. IF YES, W IN CERTIFYIN YES NO YES		
CURF	RED (ENTER NATURE OF INJURY IN ITEM 18 PART	OR PART 2)	
	CITY OR TOWN	COUNTY	STATE

061178 JUL 29 B7 STATE REGISTRAR DECEASED NAME LAST FIRST (TYPE OR PRINT) HELEN D. PONTIOUS 4 RACE 5. DATE OF BIRTH 3 SEX Jan. 20, 1902 White Female To BIRTHPLACE (STATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Illinois U.S.A. WIDOWED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IN CITY OR TOWN OF DEATH BALTIMORE UNION SUMEMORTAL HOSSPITAL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Baltimore 130 STATE Timonium 13d. INSIDE CITY LIMIT Maryland NO X YES 🗍 MEATHER'S NAME 15. MOTHER'S MAIDE MIDDLE O'Haver Ada Unknown 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT IYES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 218-40-1753 William E No CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: HYPOTENSION IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF massive Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE CERTIFICATION sepsis 90 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED Abdominal blacky 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY O HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET NOT WHILE 7/25 22a L certify that (1) (this haspital) attended the deceased from 57, that (I) (we) last and that in (my) (our) apinion death occurred on the date and have and from the causes stated 22b. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF 7/25/8 DIRECTOR | PHYSICIAN PHYSICIAN 22d. PHYSICIAN'S NAME 22e ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 230. BURIAL, CREMATION, REMOVAL

Druid Ridge Cemetery

DHMH - 16 60M 7/84 (VRA 15, 4)

should be detached with the State Dept

FUNERAL

Burial 24 FUNERAL DIRECTOR

0

ked

MPORTANT

Pikesville.

Md. Balto.,

1050 York Rd. Ruck Towson Funeral Home, Inc., Towson, Md.21204

7 - 28 - 87

JUL 28 1887 July Kinn Bullet

ed in by the futeral director, page 3 id be tided within 72 hours after death

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CFRTIFICATE OF DEATH

	REGISTRAR				CERTIF	FICATE OF DEATH	8 / REG. NO	2 0	0 0	6
	CEASED NAME	FIRST		MIDDLE		LAST		MONTH DAY	Y & YEAR	2b HOUR
1	. OK FRINTI	Pearl		Lee	I	Pope	July 5 198	37	4	M
3. SE	x		4. RACE		5. DATE C		6 AGE IN YEARS LAST BIR			IF UNDER 24 HRS
	Female		Blac	k	Decer	mber 18 1914	62	YRS.	NIHS DAYS	HOURS MIN.
7a. B	RTHPLACE (STATE O	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY O		FDEATH	
Vi	rginia		U.S.A.		WIDOWE		Baltimore	City		MD
10 C	TY OR TOWN OF D	EATH	11. NAME OF	OSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATE			BUSINESS OR
Ва	ltimore		1650 Ea	st Belvid	lere S	ST. APT#202	Domestic	F WORKING LIFE)	none none	2
130. 3	AL RESIDENCE (IF NO STATE .ryland	13b COUI	OTHER INSTITUTION	GIVE RESIDENCE BEFORE 131 CITY OR TOWN Baltimor	ADMISSION)	13d. INSIDE CITY LIMITS? YES NO []	13650 East H	zu cope elvide	re ST.	31
	THER'S NAME FIRST Mes	Oscar	MIDDLE Palme	r		15. MOTHER'S MAIDEN NAM	ME	N	utt LAST	
	VAS DECEASED EVI YES NO OR UNKNOWN) NONE		E WAR OR DATEST	059-20-8		Shirley Daye	ADDRE 1650 East		ere St.	•
	18 CAUSE OF DEA	ATH (Enter or	ly one couse per	line for (o), (b), one	d (c) I				BETWEEN ON	ATE INTERVAL
	PARTI, DEATH		TE CAUSE (o)	Cerebral	Vasc	ular Accident			l hou	ır
	C. SUAT		DUE TO, OI	R AS A CONSEQUE						
	Conditions, if or gove rise to it		(b)	Hyperten	sive	cardiovascula	r disease		10 ye	ears
	couse (a), sto underlying cou	ting the	DUE TO, OF	R AS A CONSEQUE	NCE OF					
NOL			CONDITIONS <u>CC</u>	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND	OITION GIVEN	IN PART 10	
TIFICA	190 DATE OF OPER	NOITA	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		VERE FINDING NG CAUSES O	
MEDICAL CERTIFICATION	21a. ACCIDENT WAS U OR CONTRIBUTING (IF EITHER NOTIFY ME	CAUSE OF DE	P./	M. MONTH DA M.	Y YEAR	21c. HOW INJURY OCCURR				
MED	WHILE AT WORK AT W	WHILE D	21e PLACE ((AT HOME STR	OF INJURY EET, FACTORY, OFFICE, FA	ARM ETC)	211 LOCATION STREET	CITY OR TOV	VN	COUNTY	STATE
	22a. I certify that saw the dece above, (1) (we		May t) view the body		7, or	, 19 <u>85</u> nd that in (my) (out) opinion o	, toPresen death occurred on the da			not (I) (we) l ast ouses stoted
	22b. SIGNATURE	. 0 11	- 2	1 81		DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	F	22c. DATE SI	
	22d. PHYSICIAN'S				7	22e ADDRESS	DIRECTOR PHYSIC	IAN []	7-8-	-8/
				, Jr., M.		14 East Eag	er Street -	Balto.	. MD. 2	21202
(URIAL, CREMATION	N, REMOVAL		and the second second		EMETERY OR CREMATORY	23d LOCATION	· ·	OUNTY	STATE
В	urial		July 1	1 1987Fir	st Ba	optist Church	Heathsvil			

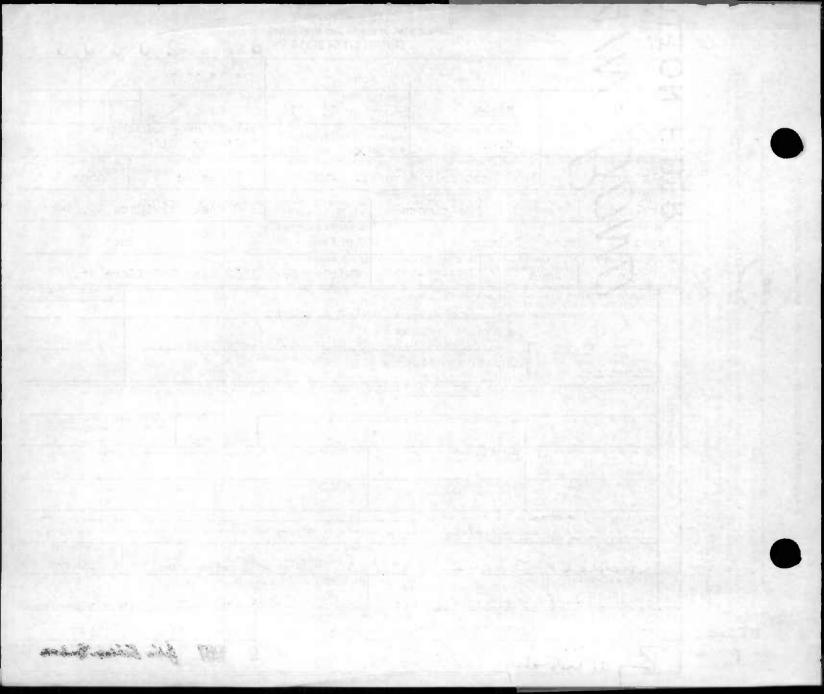
DHMH - 16 60M 7/84 (VRA 15, 4)

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TO FUNERAL DIFFETOR should be detracted for with the Stote Diep of Heal (MPORTANT:

July 11 1987 First Baptist Church
Berry O. Waddy P. O. Deres Box 105
Lancaster, VA. 22503

th Heathsville, VA. 22473



inficote be executed within 24 hours ofter

HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the

etoined by the hospital or attending physicion

BP.

Ne funeral director, page 3 within 72 hours after death

attending physician and completely filled in by the mineration papers. Pages 1 and 2 should be filled with the mineral pages.

STATE OF MARYLAND

	1-	STATE REGISTRAR	DEPARTA		EALTH AND MENTAL HYGI	IENE		
JUL	1. DE	CEASED NAME FIRST OF PRINTING E, POR	MIDDLE	(AST	20. DATE OF DEATH	MONT DA	87 840 M
	3 SE		4 RACE	S. DATE O	DAY YEAR_	6. AGE (IN YEARS LAST BIR	THDAY) IF U	UNDER I YEAR OF UNDER 24 HRS
2500		COUNTRY (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8 MARRIE WIDOWE	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF	. /
S Confed		BALTO CITY	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET UNIVELLITY	ADDRESS)4	PITAL	TYPE OF WORK FOR MOST C	F WORKING LIFE)	126 KIND OF BUSINESS OR INDUSTRY Blue Gables
od sol		AL RESIDENCE (IF NURSING HOME OF STATE 136 COULD	RODIEN INSTITUTION, GIVE RESIDENCE BEFORE NEY 131. CITY OR TOW	'N	13d. INSIDE CITY LIMITS?	13e.STRUET ADDRESS	ZIP CODE 7 Bey (Bar Stevens-
10	14 FA	ATHER'S NAME PIRST NICHOLAS	MIDDLE PORTER LAST		15. MOTHER'S MAIDEN NAM	WINKLE	R	ville, Md.216
medico			MED FORCES? 166 SOCIAL SECU /E WAR OR DATES) Z17 - /	6556	17 INFORMANT GEOR	GIA PORTE		ine as obose)
ent, the		PART I. DEATH WAS CAUSE	nly ane cause per line far (a), (b), an ED BY: TE CAUSE (o)	ASCU L	e Alebst			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
other	>	Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE (b)	SIAL	INFALCTION			Zwuks
injury, o	NO		CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	inal disease or con	DITION GIVEN	IN PART IIa
Sws any	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, W IN CERTIFYIN YES	VERE FINDINGS USED NG CAUSES OF DEATH?
em 18 sh	1	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH D.	AY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	I OR PART 2)
rked or h	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	210 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY STATE
21 is mo		saw the deceased alive or	ital) attended the deceased from 19	7/1 61. a	, 19 27- nd that in (my) (our) opinion o	ta 7/8	ate and haur ar	that (we) lost and from the couses stated
IT: If Item		Cfo Kyle	MD		DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FE	7/8/87
MPORTAN		KEVIN J	O'IGERFE ND		22e ADDRESS CO VI	ivesity He	Spital -	- Agt of MED.
_	23a. I	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial			emetery or crematory nd Mem. Park	23 LOCATION CITY OR TOWN	Baltim	ounty Maryland
7/84	1	UNERAL DIRECTOR NAME SSAHN FUNERS	1 Hame 9AL		1 Rd. 250 DATE 0. 21236 JU	REC'D. BY REGISTRAR 10 1987	256. REGISTRAI	P.S. SIGNATURE LARS

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the should be detached for use as the burial-transit permit. Then please in movith the State Dept. of Health and Mental Hygiene prior to burial, creements

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2302	Section 1800 Mills and	35/5/7 IA	
		WARET LANET	

STATE OF MARYLAND 058598 JUL DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE CERTIFICATE OF DEATH REGISTRAR MIDDLE 20. DATE OF DEATH 1 DECEASED NAME MONTH LIYPE OR PRINT JEAN # PAUL POTIER 3 SFX 4 RACE 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTH YEAR Male White May 1915 TO BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Baltimore City France WIDOWED France 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY **BAltimore** Good Smaritan Hospital Chef Restraunt USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Ja STATE 13b COUNTY 13e.STREET ADDRESS / ZIP CODE TE. CITY OR TOWN 13d. INSIDE CITY LIMITS? Mc. Baltimore YES K NO 2748 Maryland Ave 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST LAST Not Known Not Known 16b SOCIAL SECURITY NO 17. INFORMANT No 578-72-2737 Perine Potier 2748 Maryland Ave 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY CARDIOPULMONARY IMMEDIATE CAUSE (0)_ DUE TO, OR AS A CONSEQUENCE OF 16) POORLY DIFFERENTIATED ADENOGARGINOMA Conditions, if ony, which gove rise to immediate (Unknown origin couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF LUNG METASTASIS underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 200 AUTOPSY 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [NO 710. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) TIE PLACE OF INJURY 211 LOCATION 214 INJURY OCCURRED CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220 I certify that (1) (this haspital) attended the deceased from_ ___, that (I) (we) lost saw the deceased alive an above, (I) (we) (did) (did not) view the body after death , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE

FUNERA!

MPORTANT

DHMH - 16 60M 7/84 (VRA 15, 4)

ould be

23e BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) Cremation

HUBAYKAH

224 PHYSICIAN'S NAME (TYPE OR PRINT)

24 FUNERAL DIRECTOR

23c. NAME OF CEMETERY OR CREMATORY

M.D

ATTENDING

MEDICAL

PHYSICIAN DIRECTOR PHYSICIAN

5601 LOCH RAVEN Blod - Boltomore-MD

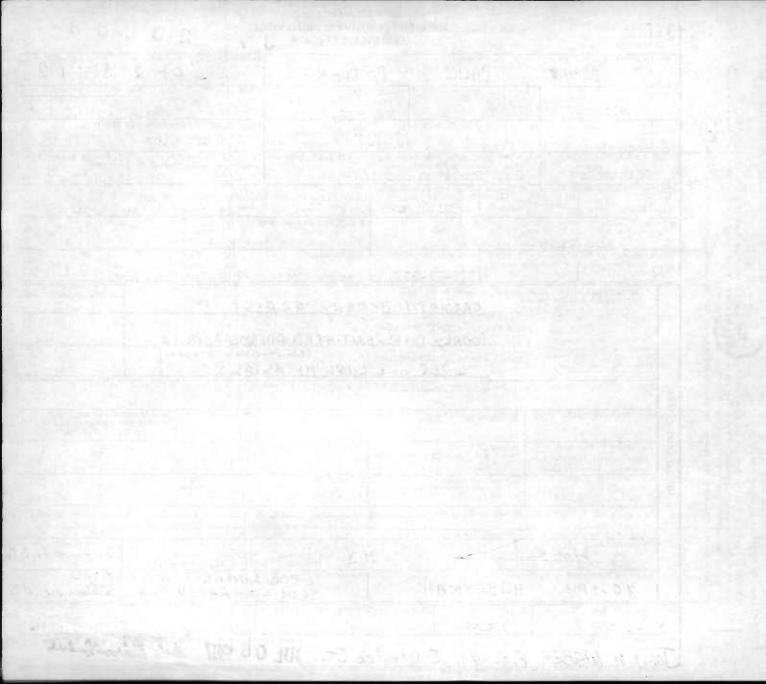
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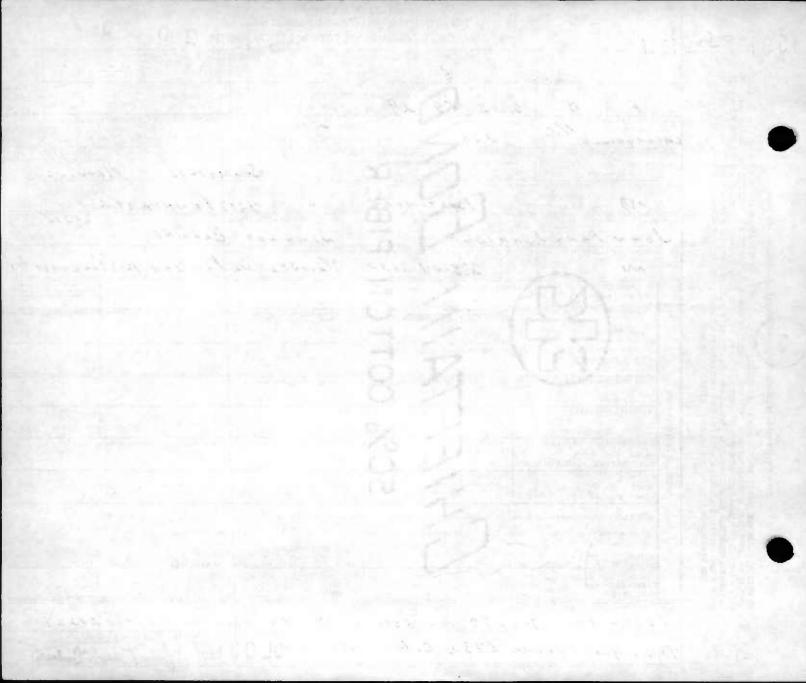
Balt.imore

Mel

WEBER F.H. 401 "S". Chester St

250 DATE REC'D. BY REGISTRAR 36 REGISTRAR'S SIGNAT





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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 6 CERTIFICATE OF DEATH

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ém Con NO			- 7	

	1. DE	CEASED NAME FIRST	MIDDLE	2a DATE OF DEATH MONT	26 HOUR				
oge oge		Lincoln		Po	well	1	23 87	M	
4 mg	3 SE	Male	Black	5. DATE O	F BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATE		
numal dimer		RTHPLACE (STATE OR FOREIGN 7 OUNTRY) N.C.	USA WIDOWED DIVORCED			9 BALTIMORE CITY OR COUNTY OF DEATH Baltimore City MD			
of the d			11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS)		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR Allied Chemic	RKINGJIFE) INDUSTR	OF BUSINESS OR	
1.24 hour	13a. S	Baltimore City AL RESIDENCE (IF NURSING HOME OR C TATE MD 136 COUN'	OTHER INSTITUTION, GIVE RESIDENCE BEFOR TY 13c. CITY OR TOV Baltim	VN	134 INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP		21229	
ed within be	14. FA		Powell		Lena	MIDDLE		LAST	
Day of the control of		VAS DECEASED EVER IN U.S. ARA (ES. NO OR UNKNOWN) (IF YES. GIVE	MED FORCES? 166 SOCIAL SECU WAR OR DATES) 217_0	URITY NO. 7 5672	Patricia Powe	ADDRESS e11 2313 Wheat	tley Dr.		
hat the death certificate to by the attending physical assertmove carbon page. I, cremation, or removal other traumotic event, th.	CERTIFICATION	PART I. DEATH WAS CAUSED	y one couse per line for (a), (b), ar	Sections SENCE OF	out COR CONCE		APPROBLEMENT 23	DXIMATE INTERVAL IN ONSET AND DEATH	
law requires to a seen signed rermit. Then ple to prior to burior is any injury, or		PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO		BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO ATION WAS PERFORMED 200 AUTOPSY? 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH				
CIAN: The physicion in physicion in columns of the physician in the physic		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAL	21b. TIME OF INJURY HOUR A.M. MONTH D	AY YEAR	21c HOW INJURY OCCURR	YES NO	YES TEM 18 PART 1 OR PART 2	NO [
ottending ter this ce is the buril h and Mer	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE,		2H LOCATION STREET	CITY OF TOWN	COUNTY	STATE	
ATTENDIN Spital or CTOR: Af A far use of 1 of Health		spw the deceased alive an above, (I) (we) (did) (did not	ol) attended the deceased from 7 123 19.	87, on	d that in (my) (our) opinion d	, to			
TAL OR. by the hogeleached detached tate Depti		M- Nusi-				MEDICAL STAFF DIRECTOR PHYSICIAN	1 711	15 SIGNED	
O HOSPITAL etained by the TO FUNERAL should be det with the State MAPORTANT:			raser_		BALL MAL		ATON AV	R-	
BP		BURIAL, CREMATION, REMOVAL SPECIFY, Burial			re Cemetery	23d LOCATION CITY OF TOWN Baltimore	COUNTY	STATE MD	
DHMH - 16 60M 7/84 (VRA 15, 4)	24 F	UNERAL DIRECTOR NAME Wm. C. March	F/H 1101 E. No	orth A		REC'D BY REGISTRAR 256	LEGISTRARS SIGN	no Rondies	

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STATE OF MARYLAND

DEPARTMENT	OF	HEALTH	AND	MENTAL	HYGIENE
CE	RTI	FICATE	OF	DEATH	

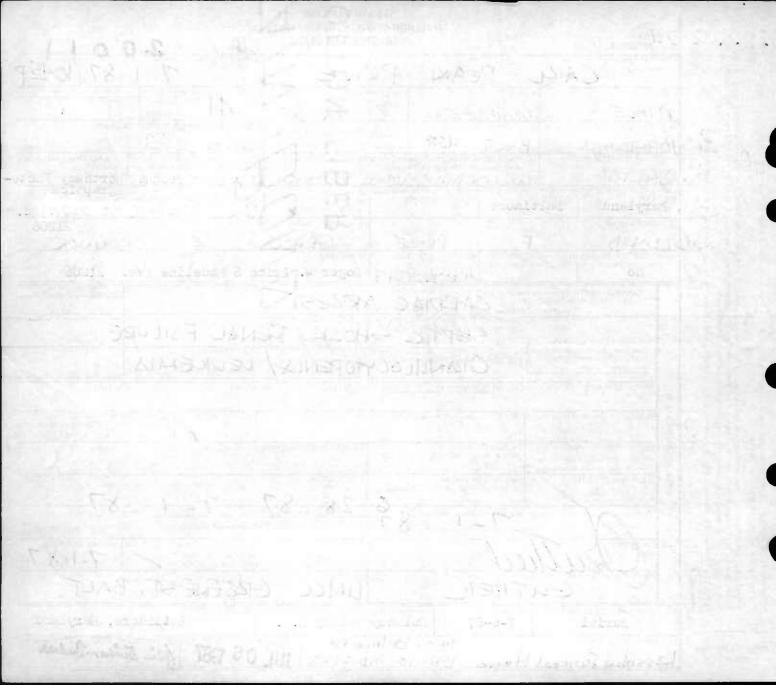
1		REGISTRAR		CERTIF	ICATE OF DE	AIN	REG. NO.	200	11	
		CEASED NAME OR PRINT	PEAN	PR	RICE		20. DATE OF DEATH MON	1 87	1045	P
ı	3 SEX	4	RACE	5. DATE C			6. AGE (IN YEARS LAST BIRTHDAY	MONING DAYS		
ı	n	TALE	MUCABIAN	WORTH	22	YEAR 45	41	YRS.		
d		RTHPLACE (STATE OR FOREIGN 7	CITIZEN OF WHAT COUNTR	Y? 8.	D NEVER MA	RRIED VO	BALTIMORE CITY OR CO	DUNTY OF DEATH		
2	11	ALTO, MD.	BALTO. USA	WIDOWE		DRCED	BALTO. CT	ry	M	D.
	10 CI	TY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NUR		R OTHER INSTIT	UTION	12a USUAL OCCUPATION	RKING LIFE) 12b. KIND	OF BUSINESS OF	R
2	BY	ALTO.	WILL OFMO.	ance	e cent	er	Dark Room Tec	hn. North	nway Pho	to
ø	13n S	TATE AT BALT	THER INSTITUTION GIVE RESIDENCE BET		13d. INSIDE CIT	LIMITS?	13e,STREET ADDRESS / ZIF	CODE gra	pnics	
4	Ma	aryland Balt	timore		YES ()	10 🕱	7011 Linder	Avenue E	alto. Mo	1.
7	14 FA	THER'S NAME FIRST M	IDDIE LAST		15. MOTHER'S /		AE MIDDIE		21206	
	2	dya	F PR	ICE_		PACE	E	COUL	UOR	
		AS DECEASED EVER IN U.S. ARM ES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES!		17 INFORMAN		ADDRESS			
		es, noor unknown) (IF yes, give	214-46	-8517	Roger	W. Pri	ce 6 Madeline		206	
		IB CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	one couse per line for (a), (b),	ond icil	1277 50	7		BETWEE	NAMATE INTERVAL NONSET AND DEATH	
١		IMMEDIATE		BC 1	orice:	21				_
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		Conditions, if any, which	((b) SELII		HOCK	1				_
1		couse (a), stating the underlying couse last.	DUE TO, OR AS TONSES	WENCE OF L	HATTEN	IIA.	LEUKEN	MAL		
			(() () ()	100						=
	Z	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING I	O DEATH BUT	NOT RELATED T	O THE TERMI	INAL DISEASE OR CONDITION	ON GIVEN IN PART	10,	
	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHI	CH OPERATIO	N WAS PERFOR	MED		IF YES, WERE FIND		-
1	IFIC						YES NOT IN	CERTIFYING CAUSE YES	S OF DEATH?	
	CERT	218. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c HOW INJU	JRY OCCURR	ED (ENTER NATURE OF INJURY IN I		1.0	_
A		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH	DAY YEAR						
	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION	1	CITY OR TOWN	COUNTY	STATE	-
	¥	WHILE A STANKED	(AT HOME, STREET, FACTORY, OFFI	CE, FARM, ETC.)	STREET	0.7	CITTORTOWN	D 7	SIAIE	
		22s.1 certification (this hospita	al) attendet the deceased from	-06	-68	19 8/	_, to	19 6 /	, that (I) (we) las	st
		say the domosed alive on_	New the Body after death.	870	d that in (my) (c	ur) opinion d	leath occurred on the date o	nd hour and from th	e couses stated	
		22h AGNATUA	7 A		DEGREE			22c DAT	ESIGNED	_
		1 Bull	1011			YSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	7	-1187	
		221 PHYSICIAN S NAME LIVE OR			22e ADDRESS	. /	Chec.se	T PAI	~	
		GU	ITHELL		MMC	C . (streene s	1. DAG	9.	
		URIAL, CREMATION, REMOVAL			EMETERY OR CR		23d LOCATION	SHI m CHANIV NO.	o and ottabl	=
		Dullat	7–6–87		Valley			Himore, M		
	3	INERAL DIRECTOR	140	S	ie ed.		REC'D. BY REGISTRAR 256	REGISTRAR'S SIGNA	Jack .	
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STATE OF MARYLAND)
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	STATE DEGISTRAR		CERTIFICATE OF DEATH	8 /peg N	20012
	ASED NAME FIRST	MIDDLE	LAST	REG. N	MONTH DAY YEAR 76 HOUR
	OR PRINTI	TRUE	PRICE	17	7 18 87 6.55PM
3 SEX		1 RACE	S DATE OF BIRTH	6 AGE (IN YEARS LAST BE	9 - 1 0 74/
-	MALE	BLACK	MONTH DAY YEAR 12 1914	73	MONTHS DAYS HOURS MIN.
	RTHPLACE (STATE OR FOREIGN COUNTRY)	16 CITIZEN OF WHAT COUNTRY	WIDOWED DIVORCED	P BALTIMORE CITY	OR COUNTY OF DEATH
	Balto.	LIFNOT IN SUCH FACILITY, GIVE STREE	dical Center	12a USUAL OCCUPAT	126 KIND OF BUSINESS OR INDUSTRY Red Avery Cu.
13a. S	AL RESIDENCE (IF NURSING HON	NE OR OTHER INSTITUTION GIVE RESIDENCE BEFO	WN 134 INSIDE CITY LIMITS?		ZIP CODE AVE Z1216
14. FA	THER'S NAME FIRST UNK	MIDDLE LAST	15 MOTHER'S MAIDEN N	MIDDLE	Ward
	VAS DECEASED EVER IN U.S (ES. NO OR UNKNOWN) {IF YES	ARMED FORCES? GIVE WAR OR DATES) 217-05.	4835 Agnes Pric	e 3824 Fai	
	PART I. DEATH WAS CA	DIATE CAUSE (0) CARU DUE TO, OR AS A CONSEQUENCE SERVICE (b) SEPSI DUE TO, OR AS A CONSEQUENCE SERVICE DUE TO, OR AS A	DERCE OF	JARES T	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
NOI	PART 2 OTHER SIGNIFICA	NT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TE	rminal disease or con	IDITION GIVEN IN PART 110
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	YES NO	1206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER NOTIFY MEDICAL EXAM	FDEATH HOUR A.M. MONTH	DAY YEAR 19	JRRED (ENTER NATURE OF INJU	JRY IN ITEM TS. PART 1 OR PART 2)
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE		CITY OR TO	OWN COUNTY STATE
	sow the deceased alive	ospital) attended the deceased from on JULY 18th 19 d not) view the body after death.	87 ond that in (my) (our) opinion	7, to Till	dote and hour and from the causes stated 22c. DATE SIGNED
	22d PHYSICIAN'S NAME (I	O VPF OR PRINTS	ATTENDING PHYSICIAN		
		C. DIKE, MD		Y MEDICAL	CENTER BACTIMENTS
23a E	BURIAL, CREMATION, REMO	VAL 236. DATE 23c	NAME OF CEMETERY OR CREMATOR	236 LOCATION CITY OF TOWN	COUNTY

DHMH - 16 60M 7/84

BP.

(VRA 15, 4)

24 FUNERAL DIRECTOR

1101 Laurens 250 W REZ AV 1987 AR A PEGIS DARES SIGNALIRE

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filled in by the funeral director, page 3 auld be filed within 72 hours ofter death

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE.

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	REG. NO.	- 0	U	- (

D lo	- STATE REGISTRAR			CERTIF	ICATE OF DEATH	8 / REG. NO	2 0	Ü	3
	CEASED NAME FIRST		MIDDLE		AST		MONTH DAY	YEAR	2b HOUR
1146	DAN	ϵ_{EN} I	ouise	PROCH	AK	JULY 3, 19	87		9:40 pm
3. SE		4. RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF	UNDER I YEAR	IF UNDER 24 HRS
Fe	emale	White	2	Sept	1916	70	YRS	VINS DAYS	HOURS MIN,
	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY O		FDEATH	
	ouisiana	USA		WIDOW		BALTIMORE	CITY		MD.
7	ITY OR TOWN OF DEATH	(IF NOT IN SUC	HOSPITAL, NURSIN EH FACILITY, GIVE STREET, LAND GENE	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION OF PROPERTY OF WORK FOR MOST OF NUTSE		126 KIND (INDUSTRY	OF BUSINESS OR
USU 13a Mo	AL RESIDENCE (IF NURSING HOME OF STATE 136 COL		Baltimos	N	134 INSIDE CITY LIMITS? YES X NO [13e STREET ADDRESS / 701 Ca	zip cope thedral		21201 Apt.94
14. F	ATHER'S NAME FIRST UNKNOWN	MIDDLE	Mclaughl:	in	15. MOTHER'S MAIDEN NA FIRST Unknown	WE	U	nknow	st n
	WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRE	SS		
N		IVE WAR OR DATES)	800-07-5	568	Paul Bunker	2605 Roya:	1 Oak A	ve. 2	1207
	Conditions, if any, which gove rise to immediate cause (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 1			JENCE OF IC CARCINOMA OF THE BREAST			DITION GIVEN	IN PART 1	10
CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	700 IF YES, V IN CERTIFYIN YES [NG CAUSE	NGS USED S OF DEATH?
MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	EATH HOUR A	M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART	I OR PART 2)	
MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	LAT HOME ST	OF INJURY REET, FACTORY, OFFICE, F		711. LOCATION STREET	CITY OR TO		COUNTY	STATE
	220.1 certify that A (this has saw the deceased alive a above, (X (we) (did) (XX)	pital) attended th in July 3 &t) view the bady	ne deceased from	87	nd that in () (aur) apinion	7 to July death occurred on the do		nd from the	
	The SIGNATURE	A			DEGREE ATTENDING PHYSICIAN [MEDICAL STAI			SIGNED
	30 h v	OR PRINT AZ	iar M.	Ŋ.	c/o MARYLAND	GENERAL HO	SPITAL		
23a.	BURIAL, CREMATION, REMOVA	L 23b DATE	23c N	NAME OF C	EMETERY OR CREMATORY	23d LOCATION			

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been sign should be detached for use as the burnot-transit permit. Then, with the State Dept of Health and Mental Hygiene prior to bu IMPORTANT: If Item 21 is marked or Item 18 shows ony

retained by the hospital or attending physician

230. BURIAL, CREMATION, REMOVAL Cremation 7-7-1958

23c NAME OF CEMETERY OR CREMATORY Westview Mem Pk.

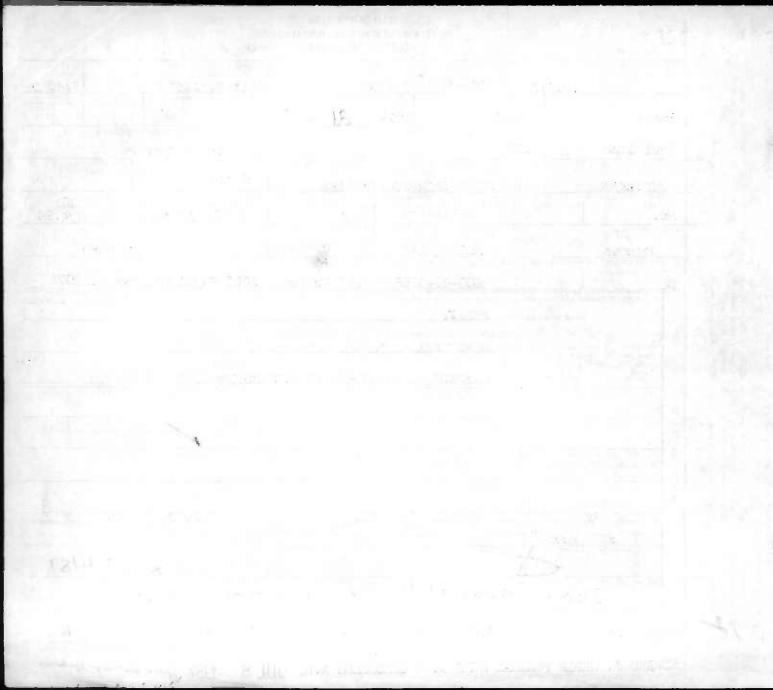
Baltimore

COUNTY Md.

24 FUNERAL DIRECTOR

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Julia Diridor Kondper

WEBER FUNERAL HOME 5311 EDMONDSON AVE



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

II.	STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO	UU		
	CEASED NAME	FIRST	A	AIDDLE	l.	AST	20 DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
(TYPE	THELM	IA	JEAN	P	RUIT	r	07/29/87		144	4:27 M
3 SEX	X		4. RACE		5. DATE O		6 AGE (IN YEARS LAST BIRT	HDAY) IF UN	DER I YEAR	IF UNDER 24 HRS
	Female		Whit	te	Dec.		49	YRS.	HS DAYS	HOURS MIN.
	RTHPLACE (STATE OR F	OREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY OF		DEATH	
	rginia		USZ	A	WIDOWE		BALTIMOR	RE CITY	Z	MD.
10. CITY OR TOWN OF DEATH					R OTHER INSTITUTION	120 USUAL OCCUPATION		2b. KIND O NDUSTRY	F BUSINESS OR	
0	ALTIMORE	/		NS HOPK		HOSPITAL	Homemaker	WORKING LIFE! IF	ADOSTKI	
USUA 13a. S	AL RESIDENCE (IF NURS	136 COU	OTHER INSTITUTION,	GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	113e STREET ADDRESS /	ZIP CODE		
Ma:	ryland		ford	Edgewoo		YES NO X	624 Boxeld		e 2	1040
)4. FA	THER'S NAME		WIDDLE	LAST		15, MOTHER'S MAIDEN NA	ME		1451	*
1	Estel	Alde	erson	Hocket	t	Blanche	Modre	(Clevi	nger
16a V	VAS DECEASED EVER			16b SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	⁵ Md. 210	240	
	no or unknown)	(IF YES, GI	/E WAR OR DATES}	212-36-7	744	Robert, L.Pru	itt, 624 Bo	xelder I	Drive	, Edgewood
	18 CAUSE OF DEAT			line far (a), (b), and	d result	Λ.Ι.			APPROXI BETWEEN C	MATE INTERVAL DISET AND DEATH
	PART I. DEATH W		D BY: TE CAUSE (a)	Respi	vaty	Hahn			Lh	18
			DUE TO O	R AS A CONSEOUE	NCE OF	B 10			4.	11-1
	Canditions, if any,	which	(b)	motastr	HEV	Breat			70	720
	gove rise to immediate couse (a), stating the DUETO, OR AS A CONSEQUENCE OF								V	
	underlying cause last.									
	PART 2 OTHER SIGN	VIFICANT	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONE	DITION GIVEN I	N PART 10	3
CERTIFICATION										
CAI	190 DATE OF OPERA	LION	19b. COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WE		
TIF				LEVI-PST			YES NO	YES [)	NO 🗆
Ü	210 ACCIDENT WAS UNE	_	110110	FINJURY M. MONTH DA	Y YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I	OR PART 2)	
S	(IF EITHER NOTIFY MEDI		KIH		19					
MEDICAL	214 INJURY OCCUR	RED	21e PLACE	OF INJURY	ARA FIC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
2	AT WORK AT WO	RK			1			田		
	220.1 certify that (1)	(this hosp	ital) attended th	e decepsed from_	1 (2	-6 7 19		6 19_		that (1) (we) lost
	sow the decease abave, (I) (we) (c	ed alive or did) (did no	ot) view the bady	after death.	,lor	nd that in (my) (aur) apinion	death occurred on the do	te and hour and	d from the	causes stated
	226. SIGNATURE 226. DATE SIGNED						SIGNED			
		The	up K	list		ATTENDING PHYSICIAN	MEDICAL STAF		,((4100
	22d. PHYSICIAN'S NA	AME (TYPE		- 0	E 7	22e ADDRESS	10 -	> 11	10 -1	
	4	Mily	i KEI	BER	6.4	650 14 W	JE HE	120 40	MOI	1
	BURIAL, CREMATION,	REMOVAL	23b. DATE	23c N	IAME OF C	EMETERY OR CREMATORY	23d. LOCATION		UNIY	STATE
L '	Burial		July 3	1,1987 Ga	rdens	of Faith Cem			alto	Md.
0.4 0.4						01 0.1	E DECID BY DECISED A	an Araman.	4 January	

DHMH - 16 60M 7/B4 (VRA 15, 4)

IMPORTANT

Howard K. McComas III, Abingdon, Md. 21009

gates Devider

DIXON

APPROVAL

STATE OF MARYLAND

10	FOR		DEPARTA	MENT OF H	EALTH AND A	MENTAL HYG	HENE						
12	STATE REGISTRAR			CERTIF	ICATE OF D	EATH	8 7	REG. NO	2 0	0		ing	
I. DE	CEASED NAME FIRST		MIDDLE		ASI		2a. DATE OF		MONTH	DAY	YEAR	26 HOUR	2
(TYPE	CAR(DLYN		PR	YOR		JULY	06,	198	37		3:4	
1, 58	X	4. RACE		S. DATE C	OF BIRTH		& AGE (INYE	ARS LAST BIR	THDAY)	IF UNDE	RIYEAR	IF UNDER 2	
Female Black			MONTH 4	8 8	85	2		YRS	MONTHS	DATS	HOURS	MIN.	
7a BI	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8 MADDIE	D NEVER M	APPIED TO	9 BALTIMOR	E CITY O	R COUNT	Y OF DE	ATH		
	M.D.	USA		WIDOWI	D DN	ORCED	BALTIMORE CITY			м			
	BALTIMORE	THE J	HOSPITAL, NURSIN CHEACULTY GIVE STREET OHNS HO	PKINS	HOME OR OTHER INSTITUTION DESIGN HOSPITAL 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INFANT			KIND O DUSTRY	F BUSINES	SS OI			
USU,	AL RESIDENCE (IF NURSING HOME CONTACTS 136 COL		GIVE RESIDENCE BEFORE		113d INSIDE CI	TV LIANITE 2	13e.STREET A		/ 71P COP	VE.			
M		111	BAL TIMOR		YES V	NO T					M AV	/E.212	21:
	ATHER'S NAME	70.00		-		MAIDEN NAM		14. 0	OLL II	1010	1 AV	<u> </u>	-1.
100	FIRST	MIDDLE	LAST			FIRST		WIDDLE			LAS	î	
-	<u>EOMUEL</u> vas deceased ever in u.s. a	PAGE FORCESS	PERRY 166 SOCIAL SECU	DITY NO	MAR I			ADDRE	22.	J(SMHO	ON-	_
		IVE WAR OR DATES)	100 SOCIAL SECO	KIII NO.	IV. INFORMA	41		ADDIL	33	1			
N	0		216-08-09	998	MARIA	N JOHNS	SON 180	5 N	COLL	INCT	ON	AVE 2	12
	18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS	only one couse per	line for (o), (b), one	d (c).)								MATE INTERV ONSET AND D	_
		ATE CAUSE (o)	CARDIORI	ESPIF	RATORY	ARRES	ST				25	Mins	1
	DUE TO, OR AS A CONSEQUENCE OF								179				
	Conditions, if any, which (b) PULMONAE			RY HE	MOSIDI	EROSIS	5				2 Y	EARS	
-	gove rise to immediate												
	couse (o), stating the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF						20						
	PART 2 OTHER SIGNIFICANT	CONDITIONS	ONTRIBITING TO D	SEATH BUT	NOT PELATED	TO THE TERM	INIAI DICEACE	OR CON	DITIONICI	DVENI AND I	DADT 1		_
Z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110												
CERTIFICATION	DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFOI	MED	20a AUTO	PSY?	20b. IF YE	S, WERE	FINDIN	VGS USED	
Ħ							vec NZ	NOU		ES T	AUSES	OF DEATH	1?
ERT	71a. ACCIDENT WAS UNDERLYING	7 216 TIME C	E IN ILIRY		Tale HOW IN	LIPY OCCUPE	RED (ENTER NATI				0.01.21	NO []	
	OR CONTRIBUTING CAUSE OF DE	110010	M. MONTH DA	YE AR		OK! OCCOM	VED TENIER MAIL	DKE OF HAJOR	I HATTEM D	PART TOR	LW(1.5)		
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINI		Μ.	19									
띺	214 INJURY OCCURRED	21e. PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC)	211 LOCATIO	N		CITY OR TO	WN	CO	UNTY	STA	ATE
-	AT WORK AT WORK									-19			
	220.1 certify that (I) (this hosp	oital) otended th			7/4	. 19_87	, to	7/4		19_8	7	that ()) (we	e) los
	sow the deceased alive a above, (1) (we) (did) (did n	ot) view the body	otter death	, 01	nd that in (my)	our) opinion o	death occurred	on the do	ate and ha	ur and fi	am the	causes stat	ed
	226. SIGNATURE	4 A	oner degin.		DEGREE					22	DATE	SIGNED	
	Pamela	Beiten		M	D A	TTENDING _	MEDICAL DIRECTOR	STAF			7/0	187	_
	224. PHYSICIAN'S NAME ITYPE	defrint)			22e ADDRESS		At 4.34	160	C+		- 70	,	
	Primal	a Fest	1.0		-	600,1	o ok is	Th	à SOI	tal			
	I	00 0000				nns H	DUIN		- (51				
	SURIAL, CREMATION, REMOVA	23b. DATE			EMETERY OR C			RTOWN		COUN	ĨΥ	STA	ATE
	STIRLIAL	///	/ 4 /	LIIAD		METADM	A SISIE	ADIL	NIDEL			0.0	

DHMH - 16 60M 7/84

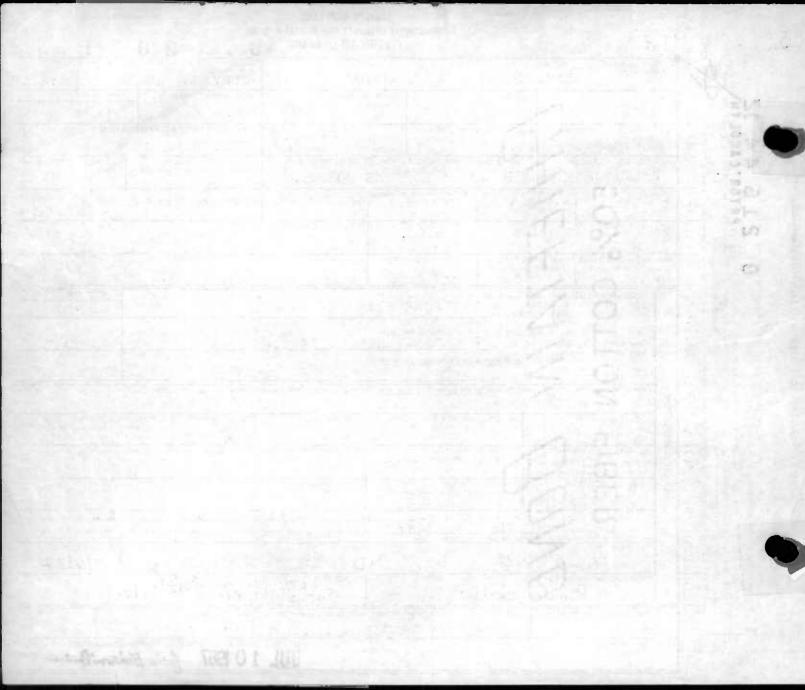
(VRA 15, 4)

24 FUNERAL DIRECTOR
WM. ACC. MARCH F/H 1101 E. North Ave.

CEDAR HILL CEMETARY | ANNE ARUNDEL.

250 DATE REC'D BY REGISTRAR 735 REGISTRAR'S SIGNATURE

10 Ave. | JUL 10 1987 | Julia Diriginal Properties | Pro Julia Divideon Bandas



FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

20016

	REGISTRAR		CERTIFICATE OF DE	ATH D REG. NO	0 0 1
Щ	DEZABINAME FIRST	MIDDLE	LAST	20 DATE OF DEATH	
8	(TYPE OR PRINT)	RL	PULLIAM	JULY 17,	1987 05:20 _M
1	3. SEX	1 RACE		6. AGE (IN YEARS LAST BIRT	WONTHS DAYS HOURS MIN.
2	70. BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	WIDOWED DIVO	RRIED BALTIMO	MD.
S	BALTIMORE	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET THE JOHNS HO!	ADDRESS)	T 7 T	ON 126 KIND OF BUSINESS OR FWORKING LIFE, INDUSTRY
	USUAL RESIDENCE (IF NURSING HOME O		N 13d INSIDE CITY	AAIDEN NAME	ZIP CODE # 2/2/3 . MUKA ST
-	160 WAS DECEASED EVER IN U.S. AI (YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? 166 SOCIAL SECU	JRITY NO. 17 INFORMAN	ADDRE	SS
)	PART I, DEATH WAS CAUS IMMEDIA Conditions, if any, which gove rise to immediate cause (a), stofing the underlying cause last.	DUE TO, OR AS A CONSEOU (b) DUE TO, OR AS A CONSEOU (c)	ENCE OF DEATH BUT NOT RELATED TO	farction O THE TERMINAL DISEASE OR CONI DEAD VENANO 200 AUTOPSY?	DITION GIVEN IN PART ITO TO THE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
1	OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMINI 216 INJURY OCCURRED	CAIN	AY YEAR 19 21f LOCATION	YES NO	
	220.1 certify that (1) (this hose saw the decease alive o	oital) attended the deceased from in the body differ death	DEGREE AT	19 27, to July opinion death accurred on the do TENDING MEDICAL STAI NYSICIAN DIRECTOR PHYSIC	
1	22d. PHYSICIANT NAME (174 TEFFICY 230 BURIAL CREMATION, REMOVA	tumpurey (MD 650	N. Ubte St.	Balto MD 2120F
((SPECE) 24 FUNERAL DIRECTOR	7/23/89 1	Proutus Me	250 DATE REC'D. BY REGISTRAR	25b. REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

STATE OF MARYLAND GIENE

VEP	AKI	MELLE	Ur	nt A	ii. in	ANU	MENIAL	m
		CFI	RTI	FIC	ATE	OF	DEATH	

	CERTIFICATE OF DEATH	REG. NO.	0 1	/	
E ,	Putzel	20. DATE OF DEATH MONTH July 23	, 1987	26 HOU	IR 4A
slan	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BRIHDAY)	IF UNDER I YEAR	IF UNDER	24 HR MIN
AT COUNTRY?	8. 8	9. BALTIMORE CITY OR COUNT	Y OF DEATH		
	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore	4		٨

AKYLAND	USA	WIDOWED	DIVORCED [
ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU		RINSTITUTION
altimore	SINAL HOS		altimore

MANUFACTURER SHOES 130 STREET ADDRESS / ZIP CODE \$ 02 NO Z

MIDDLE

	13b. COUNTY BALTIMONE	13c. CITY OR TOWN Baltimore
FATHER'S NAME FIRST JOEN	WIDDLE	PUTZEL

WWII-ARMY

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION

FIRST

(STATE OR FOREIGN

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

ewis

4 RACE

FIRSTLADYS ISEAR 166 SOCIAL SECURITY NO MRS. EM LANDREST ZELL APT. 502 17 INFORMANT 1 SLADE AVE. BALTO. /MD 21208

PART I. DEATH WAS CAUSE	nly one cause per line for (a), (b), and (c), i	BETWEEN ONSET AND DEATH
IMMEDIA	recause 10) acute myocardial infarction	
Conditions, if any, which gave rise to immediate cause (a), stoting the	Due to, or as a consequence of aoronay result d Due to, or as a consequence of	viero

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

90 DATE OF OPERATION	96 CONDITION FOR WHICH OPERATION WAS PERFORMED		YES NO	2014F YES, WERE FINDINGS USED 4N CERTIFYING CAUSES OF DEATH? YES NO
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY	Y IN ITEM 18 PART 1 OR PART 2]
WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOW	N COUNTY STAT

saw the deceased alive an above, (1) (we) (did) (did nat) view the body after death. and that in (my) (aur) apinian death occurred an the date and haur and from the causes stated

DEGREE 22¢ DATE SIGNED ATTENDING

22e ADDRESS

PHYSICIAN

MEDICAL STAFF 1 7/23/87

230 BURIAL, CREMATION, REMOVAL BURIAL

231 NAME OF CEMETERY OR CREMATORY JULY 24,1987 HAR SINAI

23d LOCATION OWINGS MILLS

BALTO.

126. KIND OF BUSINESS OR

24 FUNERAL DIRECTOR

1 - STATE SEGISTRAR ECLASED NAME

(TYPE OR PRINT)

76. BIRTHPLACE

3 SEX

deoth

SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTO MD

21215

250 DATE REC'D, BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

2	FOR
1 -	STATE
	REGISTOAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	20	0	0	1	8
-	RECENO.	0		1	-

00000	REGISTA AR		CERTIFICATE OF DEATH	RECONO	
060686 JUL	ASED NAME FIRS	T MIDDLE	LAST	20 DATE OF DEATH MONTH DAY	YEAR 26 HOUR
4 65	JO	hn Walter	Pyles	July 1	5 19874:30 PM
2 43	1. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF I	JNDER I YEAR IF UNDER 24 HRS
4 900	Male	В1аск	1 MONTH 11 1892	95 YRS	ITHS DAYS HOURS MIN.
- inn	70. BIRTHPLACE (STATE OR FOREIGH		8	9 BALTIMORE CITY OR COUNTY OF	DEATH
A SEE S /	5. Carolina	II. S. A.	MARRIED NEVER MARRIED WIDOWED TO DIVORCED	Baltimore City	MD
1/1 34 3	18 CITY OR TOWN OF DEATH		NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
11 11 11 4X	Baltimore	(IF NOT IN SUCH FACILITY, GIVE STREET Maryland Gene			Elite Laundry
E P 1 1 5	USUAL RESIDENCE IF NURSING HO	ME OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR	E ADMISSION)	13e STREET ADDRESS / ZIP CODE	
2 2 3	Maryland 136 C	Baitino		301 McMechen St.	Ant 801 2 2
1 1 15	14 FATHER'S NAME		15 MOTHER'S MAIDEN NA	ME	Apt. Our Ziz
3 1 15 10	FIRST	MIDDLE LAST	FIRST	MIDDLE	LAST
1 0 0	JOITI	Manshall Pyles S ARMED FORCES? 166 SOCIAL SEC	Nannie Na	ADDRESS Maryl	Hunter
		ES GIVE WAR OR DATES)		es 301 McMechen S	
	No.	[215.0]		es joi heriechen s	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
a 1 到期為	DARTI DEATH WAS C	ter anly ane cause per line for (a), (b), at AUSED BY			
5	XX 7 IMME	EDIATE CAUSE (a) Acute MY	ocardial Infraction	n	Hours
TON OTHER PROPERTY OF THE PROP	00/	DUE TO, OR AS A CONSEQU			
de d	Canditians, if any, which		Y EMBOLISM		
A 4 2113	cause (a), stating the underlying cause las	DUE TO, OR AS A CONSEQU	ENCE OF		
4 p 10 b		(c)			l
S. 2			DEATH BUT NOT RELATED TO THE TERM		IN PART Tra
0 1197	LEFT HIP FR	ACTURE AND ACUTE P	ULMONARY EMBOLISM,		VERE FINDINGS USED
9 4 4 4 6	E IN DATE OF OFERATION	176 CONDITION TOX WINCE	OFERATION WAS FERFORMED	IN CERTIFYIN	G CAUSES OF DEATH?
A Too of the Comment	210. ACCIDENT WAS UNDERLYIN	G 216. TIME OF INJURY	1216 HOW IN HIRY OCCUR	YES NOW YES	I OR PARTO
2 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	OR CONTRIBUTING CAUSE		AY YEAR	TICH APPROVED BY MCDITAL EXAMINATION	Marila
O N S D D D D D D D D D D D D D D D D D D	(IF EITHER NOTIFY MEDICALEXA	P.M. 21e PLACE OF INJURY	19 ZII LOCATION	non w	Man 0
O The state of	WHILE NOT WHILE	(AT HOME STREET, FACTORY OFFICE.		un form	COUNTY STATE
8 25 456 59	AT WORK - AT WORK		7	7 7::1:: 15	87 that (X (we) last
O S S S S S S S S S S S S S S S S S S S	27a.1 certify that (1) (this	haspital) attended the deceased from $July~15$,	07	7 to July 15, 19. death accurred an the date and hour as	, Hidi (I (we) loss
E 1 12 199	abave, (lixwe) (did) (d	XX view the body alter death.	The second secon	death accurred an the date and hour at	
4 6 6 6 5 /	22b. SIGNATUR	Mana mit	DEGREE ATTENDING	MEDICAL STAFF	22c. DATE SIGNED
7 3 3 3 5 5 -	Arr		PHYSICIAN	DIRECTOR PHYSICIAN	
DOSPI de de d	224 PHYSICIAN'S NAME		22e ADDRESS		
A S O S S S S S S S S S S S S S S S S S	John t	. Marra M.D	c/o Marylan	d General Hospital	
16	230 BURIAL, CREMATION, REMO		NAME OF CEMETERY OR CREMATORY	23d. LOCATION	OUNTY STATE
BP_/_	Burial		ount Auburn Cemeter	y Baltimore,	harvlano
DHMH - 16 60M 7/84	24 FUNERAL PREFIGNERAL		25a DA	16 96C D 24 JEGISTRAPISS REGISTRA	DESIGNATURO LAGA
(VRA 15, 4)	2501 Gwynns Fal	lls Pkwy. Baltimer	e, Md. 21216	02 2 1001 8	

